नगद / उधार पत्र

**CASH / CREDIT MEMO**

विक्रेता VENDOR

क्रमांक No. .....

दिनांक Date/ 24 / 2 / 24 /

क्रेता सर्वश्री DCDC Kidney care

Sold to M/s .....

| संख्या Qnty. | विवरण PARTICULARS | दर Rate | रकम Amount Rs. | P. |
|---|---|---|---|---|
| | | | | |
| | Freight (Dialyser Box received from Lakimpur) | | 200/- | |
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| धन्यवाद Thank You | | जोड़ TOTAL | 200/- | |

Sapna भूल-चूक लेनी देनी
Goods once sold will not be taken back.

हस्ताक्षर Signature