नगद / उधार पत्र
CASH / CREDIT MEMO

विक्रेता VENDOR

क्रमाँक No. .....  दिनाँक Date 31/1/24

क्रेता सर्वश्री DCDC Kidney care

Sold to M/s .....

| संख्या Qnty. | विवरण PARTICULARS | दर Rate | रकम Amount Rs. | P. |
|---|---|---|---|---|
| | | | | |
| | Local conveyance | | 400/- | |
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| | | जोड़ TOTAL | 400/- | |

धन्यवाद Thank You

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

हस्ताक्षर Signature

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