

Bill of Sale

Original Buyer's /Duplicate Seller's Copy

SHREE MEDICAL & SURGICALS

OPP MAHALAXMI HOSPITAL

SHAKTHI NAGAR DEVIKERE CROSS

GSTIN : 29DFCPG7188K1ZU

SIRSI-581401

MOBILE :

DLNO : KA-KW1-258441 KA-KW1-258442

Invoice No : 388

Invoice Date : 12/06/2024

Terms : Cash

Name & Address : DCDC KIDNY CARE *5000*

Dr Name & Address : K.DINAKAR, M.B.B.S.D.OM., EYE SPECIALIST, G.H. KUMTA,

HSN	PRODUCT NAME	BATCH	QTY	EXPIRY	MRP	RATE	AMOUNT
3004	HOTWATER BAG	1457	2	-	369.00	368.99	737.99

Gross : 737.99

Discount : 14.75

Round : -0.24

COMPOSITION DEALER NOT ELIGIBLE TO COLLECT TAX

\*\*\*Verify the medicine with the prescription before use.

Net Amount : 723.00

Signature of Qp.

E & O.E Subject To SIRSI Jurisdiction