

Cash Memo

Name *DC DC Kidney Care*
Address

Quantity	DESCRIPTION	Rate	Rupees P.
<i>36 Pcs</i>	<i>Nut bean Monitor</i>		<i>50/-</i>
<i>Thank You!</i>		TOTAL	<i>50/-</i>

Date *19/09/23*

Signature
[Signature]