				Cons		along wi or any ta	To-pa	cond the	I/We				-			F	ROM	1		T	
Total In Words Rupees Ten Thousand Ning		E-Waybill Others	Invoice of Documents	Consignor Signature		and will be percise or	on the waybill are true and correct. The on the waybill are true and correct. The To-pay (FOD) Freight amount has my/our	e terms a he revers	/We have carefully checked and verified	Datail terms & conditions	0		Invoice No. Invoice Date Invoice		GST No.	Address	Phone Number	Name (2)	SHIPPER'S DETAILS (Consignor)	Booking Date & Time: DATE	DELHIVER
	UDIUM HYPO 10 % (5 LTR)	Sign	Pick-up Agent Signature Agent Name	Appointment Delivery Special Delivery	Value Added Services	Consignor hereby authorize Delhivery Limited to collect the COD amount	Amount (In Words)	Cash DD Cheque			5450	45%	Value E-way Bill No.	Package I	Drop Off	1.8	Postal Code	The state of the	From City	TIME	Delahorary Lindiae N24-N24, S24-S24 Air Carpo Logistics Centre II Opposite Bate & Carpo Ferminal IOI Amort, New Delit (Prince) Transporte IB - OLAA PCS673E12R CM Na - L'ESBORD PTTRE CENTRS - NAR Alanceserre
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Su		1605310030892			0	Box count: noc	MAWB: 21605210029		LR#	234120029	Policy # & validity	Owner's Risk	Said to Contain Risk Coverage	and the second secon	Self Collect		Postal Code	CS/1101	tee) To City	ansport: SURFACE	SPOTOM LODISTICS PVT LTD (Formerly Baatrek, Legistics Pvt Ltd) Reg. Off: Themsen, 23/24, Infantry Road, Bangalore, 560 001 Transporter 10: 324ACCS516450124 CNN No: U05200032011PTC108834 PAN : AADC85a450
Sub Total	000.00	iount (In Words)	lue/NEFT No.	Cheque is favour of Delhivery Limited	SHI Cheque/ DD	855 Total Mode of Payment	2%	Sub-Total	Charges Other Charges	COD/DOD Charge Special Delivery	Handling Charge	sk ROV Charge	1	Processing Charge	- 1	Reta	CREDIT PAID	215	Actual Wt(kg) Cl	AIR	234120029
9 610 00	υν.νααίς	POD COPY		favour of Limited	OP) NEFT/RTGS	Payment										Pick -' Ups)	PAID FOD		Charged Wt(kg)		Der

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Invo Terr	Date	: INV-001940 : 05/07/2023 : Net 60 : 03/09/2023 : 27-062023-22810-2 (1		e Of Supply	elhi (07)	17)					
Bill	Го		Ship	Ship To							
C-18 PHA DELH 1100 India			CIVI 1250 India	L HOSPITAL HISA L HOSPITAL TAY/ 001 Haryana 3 5000594		ONY NEAR BUS	STAND				
#	Item & Description	HSN/SAC	Ohu	Rate	IGST %	Amt	Amount				
1	Fistula Kit OFF KIT	3005	Qty 400.00	8.50	76 12%	408.00	3,400.00				
2	Fistula Kit ON KIT	3005	300.00	8.50	12%	306.00	2,550.00				

3 Sterile- Disinfactant cleaner for 34029099 12.00 305.00 18% Critical Area /pack SODIUM HYPO 10 % (5 LTR)

Total In Words

Rupees Ten Thousand Nine Hundred Eighty-Two and Eighty Paise Only

THANK YOU FOR YOUR BUSINESS

Bank Account Details:

INDUS IND BANK ACCOUNT NO : 257668230440 IFS C : INDB0000733

Terms & Conditions

Goods once sold will not be taken back OR exchanged. Bill not paid on due date will attract 24% interest. All disputes subjects to ALLAHABAD Jurisdiction only. Certified that the particulars given above is true and correct. Price quoted is ExNoida.

₹10,982.80
₹10,982.80
658.80
714.00
9,610.00

658.80

3,660.00

