

KPSS MED RET

Address Line 1 Address Line 2 City State Pin

Cash Memo: 00001 Date : 23.08.2017 PHONE:-Phone 1 ,Phone 2

Patient ...: P Name Dr.: Doctor 1

Address:- . BILL OF SUPPLIY

Qty.	Description	Mfg.	Batch.No	Exp.Dt.	Pack	MRP	Amount
	5 A TO Z TAB		134343	02/2019	10 TAB	35.00	17.50

GSTIN No.: GSTIN NUMBER Basic Total 17.50

D.L.No.: Drug Lic No.1 NET TOTAL: 18.00

* E. & O.E. (COMPOSIT TAXABLE PERSON NOT A ELIGIBLE TO COLLECT TAX ON SUPPLY)

* Subject to Local City Jurisdiction For, KPSS MED RET