

INVOICE

SPECIALITY MEDICINES LIMITED CIN: U85300GJ202TC120022

INVOICE NO: SMPL31

DATE:

BILL TO:

SBI 363, OM ROWE HOUSE,395006 CNJP: DFFGGHT56789 SHIP TO: TO THE ORDER OF,

QUANTITY	DESCRIPTION	UNIT PRICE USD	TOTAL USD
9 5 TABLETS IN 1 STRIP	MANUFACTURED BY: BATCH NO., MFG DATE:, EXP DATE: BATCH NO.B1, MFG DATE:7/2024, EXP DATE:12/2024 BATCH NO.B2, MFG DATE:1/2024, EXP DATE:11/2024 LETROFIL 2.5 MG TABLET HSN CODE:	5.00	45.00
SUB TOTAL ROUND OFF SHIPPING & HANDLING TOTAL			

TOTAL **EURO** FORTY FIVE

PAYMENT TERMS: 50% ADVANCE 50% BEFORE DELIVERY

DELIVERY BY: RGB
DELIVERY TIME: 7 DAYS
DELIVERY TERMS: rrr

BANK DETAILS: COMPANY NAME: SPECIALITY MEDICINES PVT LTD, BANK NAME: HBTHBTG, A/C NO: BHTHBTFG, SWIFT CODE NO: GHGH, IFS

CODE: GHGH, BRANCH: HNGH