

May 07, 2025 00:00

Invoice (Facture)
INV-YDE-0000225-0001



Bill To:

Customer ID: CUST-YDE-0231

Customer Name: SAINTE THERESE OF THE CHILD JESUS HOSPITAL

Address: NOMAYOS

Tel: (67) 583-4348

Global Distributors Global Distributors of Pharmaceutical Products
Carrefour Diderot, Carrefour Diderot, Ahata, BP 7761 Yaounde, Cameroon

Email: info@ggpharma.org

Tel: 222 316 754

No	Product ID	Generic Name	Brand Name	Batch Number	Qty	U Price	Total
1	PROD-0007	Paracetamol 1000mg/100ml	Ipramax	HE422004	80	500.00 CFA	40,000.00 CFA
2	PROD-0004	Artemisine 60mg	Lartecur	D24AD005	800	550.00 CFA	440,000.00 CFA

Payment Schedule:

When	Amount	Date
2 Weeks	480,000.00	May 21, 2025

Totals:

Total(THT): 480,000.00 CFA

IR Tax (0%): 0.00 CFA

Pre-Compte (0%): 0.00 CFA

TVA (0%): 0.00 CFA

Payment Terms: Credit

Payment Mode: Cash

Total(TTC): 480,000.00 CFA

Amount paid in words / Montant payé en mots: Four hundred and eighty thousand frs

NU: M02201416253M | Reg No: RC/YAO/2025/503