

**NON-REFUNDABLE PAYMENT VOUCHER – TENDER**

**THE NATIONAL HOSPITAL KANDY**

**CASH-PAYING-IN-SLIP**

**BIDDER COPY**

**Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** |
|  |  |  |  |  |  |

ttt

**Bank Code:**

**Paid at Bank:**

**Branch**

**Tender ID:**

|  |  |
| --- | --- |
| **Purpose** | **Amount (LKR)** |
| **Non-Refundable Fee** | 2,000.00 |

**Paid in Credit of : NATIONAL HOSPITAL KANDY - PEOPLE’S BANK, KANDY - Ac No. 065-200-878546**

LKR 2000

**Amount Paid:**

**Amount in Words: Sri Lankan Rupees Two Thousand Only**

**…………………………………………………………….**

**Cash Depositor’s Signature**

**…………………………………………………………….**

**Cashier’s Signature**

**Bidder Name: ………………………………..………………………. ..……………………………………………………………………………..**

**Organization Name: ……………………………………………….**

**……………………………………………………………………………….**

**Organization ID: …..………………………………………………..**

**INSTRUCTION TO BANK: Do not accept unless all the fields of the form is filled.**

(Upload Hospital Copy of the Paid NRP Voucher in a PDF version.)



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