



## MAKOKHA MEDICAL CENTRE

PO Box 142, Kimilili

Phone: +254 741256531

Email: brokenpath4@gmail.com

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### SALES RECEIPT

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**Receipt No:** SALE-20250731-9089

**Pharmacist:** Default Pharmacist

**Payment Method:** Cash

**Date:** 2025-07-31 20:57

**Customer:** Walk-in

#	Item Details	Qty	Unit Price	Total
1	Alprazolam (400mg) Item ID: None	7	Ksh 16.00	Ksh 112.00
			<b>Subtotal:</b>	<b>Ksh 112.00</b>
			<b>Payment Method:</b>	<b>Cash</b>

Thank you for your purchase!

Goods sold are not returnable without original receipt

**Note:** For refunds, present this receipt within 7 days