## SoftZone Wellness (Pvt) Ltd

No: 115/11, School Lane, Thalawathugoda Road, Pannipitiya.

Tel: +94 114 335033

softzonewellness@gmail.com

VAT Reg. No:

101186598 7000

## Stock- Consumables

Commercial Invoice

Date

08/10/2020

Invoice No:

C 1449

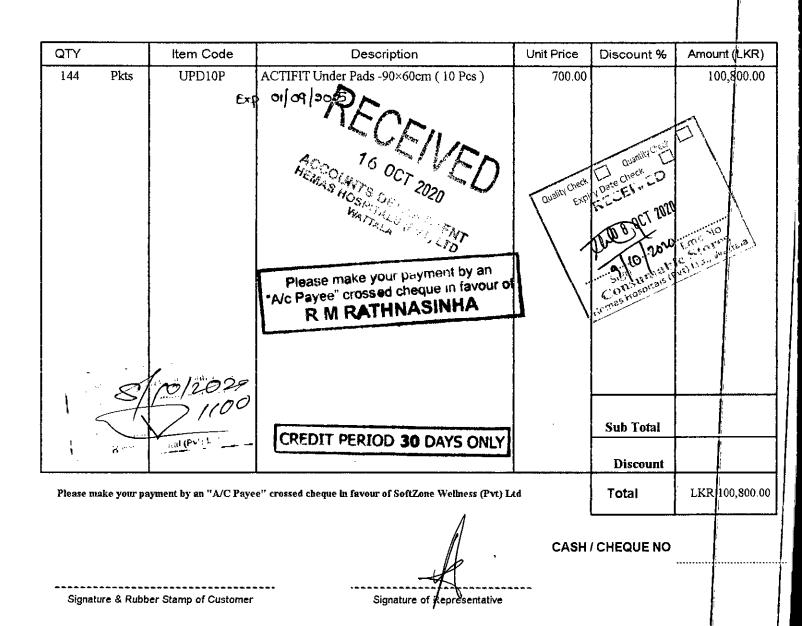
## **Customer Name & Address**

Hemas Hospital

No: 389, Negombo Road,

Wattala.

Order Number	Telephone No:	Rep	
BLR2006981	0117 - 888888	NON	



## **Goods Receipt Note**

Supplier

: SoftZone Wellness (Pvt) Ltd

GRN No.

Contact

Receipt Date

: 09-Oct-2020

PO No.

: BLR2006981

Receipt Type

: AO

Invoice No.

: c1449

Location

: Consumable Stores - WTL

Invoice Date

: 10-Oct-2020

Print Date

: 09-Oct-2020 12:31:40 PM

User

: 6450

l.No.	Code	Item Name	Batch No.	Qty UOM	Expiry Date	Bonus	SP/MRP	Rate	Discount	Addition	Апоил
	SCON179	Under Pad	01092025	1,440 Nos	01-Sep-2025	0	93.33	70.00	0.00	0.00	100,800.0
Mode 0	of	: Cheque			•				Gross :	1	000.00800
Paymei Terms	nt								Discount :		0.000
(1) With	in 30 Days								Additions :		0.000
<b>(-7</b>									Net Amount :	1	000.00800

6/

eceived By:

Checked and Verified By

Approved By:

Purchase Order

Supplier

: SoftZone Wellness (Pvt) Ltd '

PO No.

: BLR2006981

Address

115/11, School Lane, Thalawathugoda

PO Date

: 06-Oct-2020

PannipitiyaColombo, Colombo Sri Lanka

РО Туре

: Consumable PC

Pin Code :

Contact Pers

		, ,,, , , , , , , , , , , , , , , , , ,		Contact Person :					
Sf.No.	Item Code	Item Name	Qtiv	Units	Rate	Disc.	Так	Ало	nst(I KR
1	SCON179	Under Pad	1440	Nos	70.00			10	0,800.00
Paymei	nt mode :		Dispatch mode :		•	Gross Amt.		10	0 <b>.</b> 800.00
User : (	5722		•		•	Deductions	:	}	
Place C	of Delivery :					Additions :			
Hemas	Hospitals (Pvt) L	_td				Net Amoun	t:	. 10	0,800.00
289, Me Wattala	gombo Road								
in word:	8: LKR ONE LAKH	EIGHT HUNDRED ONLY						jř	
Paymo	ent Terms:						*	- ;	
(1) Wil	thin 30 Days							ļ	
								. 1	

Other Terms:

Delivery Terms:

(1) Other Terms

Note: This purchase order is valid only for 14 days.PO not valid without Authorised Signature

l	Dalivary Schodule	•				
l	Item Name	From Date	•	To Date	Qty	Department
	Under Pad	06-Oct-2020		06-Oct-2020	1,440	Purchase - WTL

Remarks

Authorised Signatory:

Authorized Signatory:

11111120