



Ministry
of Health

National Quality Control Laboratory For Drugs and Medical Devices [NQCL]



Proforma Invoice

Proforma No. **0**
Date **12th August 2014**
Client Name **Proforma Client Test 009**
Client Address **Client Address**

Lab Ref No.	Sample Name	Batch No.	Tests	Total (KES)	80% (KES)
proforma_test_008	Product Name	BLN666666	Identification, Dissolution Disintegration, Friability Assay	21200	16960
Total Cost (KES)					0

Peter Omwancha Doc Control _____ DATE: 12th August 2014

Note that these costs may change depending on the actual tests carried out.

All cheques should be made payable to: **NATIONAL QUALITY CONTROL LABORATORY.**