



Ministry
of Health

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



Proforma Invoice

Date **28th May 2014**
Client Name **Proforma Test Client**
Client Address **Proforma Test, Address, Nrb, Kenya.**

Lab Ref No.	Sample Name	Batch No.	Tests	Total (KES)	80% (KES)
NDQD201405524	Product	BHGTY568	Identification, Dissolution Assay, Uniformity of Weight pH	17200	13760
Total Cost (KES)				17200	13760

Sarah Mwangi Doc Control _____ DATE: 28th May 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.**