

From: DCS

Dalupitiya, Wattala

Phone: 2121212121

To:

Charith Porage 21, Polhena, Madapatha

Phone: 0712917184

Email: denuwan0@gmail.com

Invoice Id: 13 Date: 2024-03-26 Time: 00:37:30

| Item Name | Description | Qty | Price |
|------------|-------------|---------|-------|
| Bone Joint | | 1 | 3500 |
| Total | | 3500.00 | |

*Conditions Apply.

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