PT. MEDISINDO BAHANA

Rukan Graha Cempaka Mas Blok E 15 Jl. Letjen Suprapto No. 1 Jakarta Pusat. Tel : (021) 425 0665 (hunting) Fax: (021) 425 0703

INVOICE RETURN			Return Date Return No.		Inv. Date	Invoice	Invoice Ref. No.	
CUSTOMER				SHIP FROM				
ATTN			AΠN					
Code	Item No	Descrip	tion	Unit Price	Qty A	mount (Rp)	Remarks	
				TOTAL				
Delivery:	1. by		Freight charge:					
Payment	Within days after	'	Due :					
	1. Cash	2.	Check	3. Transfer	4. Giro			
Remarks								
Best Regards,					Re	ceived By,		
Name / Signature					Name	e / Signature		