## 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	Invoic	Invoice Ref. No.	
CUSTOMER			SHIP FROM					
ATTN				ATTN				
Code	Item No	Descript	ion	Unit Price	Qty	Amount (Rp)	Remarks	
			TOTAL					
Delivery:	1. by	[	Freight charge:					
Payment	Within days after	-	Due :					
	1. Cash	2.	Check	3. Transfer	4. Giro			
Remarks								
Best Regards,				Received By,				
Name / Signature					No.	me / Signature		
ivalli	e / Jigilatule				INd	ine / Signature		