

PT. MEDISINDO BAHANA

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

INVOICE RETURN

Return Date	Return No.	Inv. Date	Invoice Ref. No.

CUSTOMER

SHIP TO

ATTN

ATTN

<i>Code</i>	<i>Item No</i>	<i>Description</i>	<i>Unit Price</i>	<i>Qty</i>	<i>Amount (Rp)</i>	<i>Remarks</i>
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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

Name / Signature