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		Inv. Date	Invoice I	No. S	J No.	PO Date	PO Cust No.
			<u> </u>	I			
CUSTOMER		<u>SHIP TO</u>					
ATTN				ATTN			
Code	Item No		Description	Unit	Price Qty	Amount (Rp)	Remarks
				то	TAL		
							_
Delivery:	1. by		Freight charge:				
Payment	Within		Due :				
	1. Cash	2.	Check	3. Transfer	4. Giro		
Remarks							
cmarks							
Best Regards,		egards,				Received By,	
						·	
	Name / S	Signature			•	Name / Signat	ure