Region

District

Health facility

Date

**DRUGS INVOICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medcines** | **Qté** | **Unit price** | **Amount** |
| 1. Amoxicilline caps /comp 500 mg |  |  |  |
| 2. Amoxicilline sirop 250 mg/ 5ml |  |  |  |
| 3. Artesunate comp 50 mg – amodiaquine 135 mg ou AL |  |  |  |
| 4. Cotrimoxazole comp 480 mg |  |  |  |
| 5. Diazepam 10 mg / 2ml – injectable |  |  |  |
| 6. Fer – acide folique 200 mg + 25 mg |  |  |  |
| 7. Mebendazole comp 100 mg |  |  |  |
| 8. Methergine/syntocinone amp 10 Unités |  |  |  |
| 9. Métronidazole comp 250 mg |  |  |  |
| 10. Paracétamol comp 500 mg |  |  |  |
| TOTAL |  |  |  |