

Pharmacy Sys

Student Center Ground Floor,

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INVOICE N°: 49

Saturday, November 24 2018, 07:54:40 AM

Name: 1 ID N°: 1

| Drug | Strength | Dose | Quantity | Price | Total |
|-------|----------|------|----------|-------|-----------|
| p | p | p | | 99.00 | 0.00 |
| TOTAL | | | | | 99,198.00 |
| p | p | p | | 99.00 | 0.00 |
| TOTAL | | | | | 99,000.00 |

You were served by: P