

Pharmacy Sys

Student Center Ground Floor,

P.O. Box Private Bag Kabarak, Kenya

Tel: +254 702 937 925

E-mail: pharmacysys@yahoo.com

INVOICE N°: 20

Thursday, January 01 1970, 01:00:00 AM

Name: ID N°:

Drug	Strength	Dose	Quantity	Price	Total
TOTAL					
TOTAL					
TOTAL					
TOTAL					
TOTAL					
TOTAL					
TOTAL					
TOTAL					
TOTAL					
TOTAL					

You were served by: SAMOSO