

Pharmacy Sys

Student Center Ground Floor,

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E-mail: pharmacysys@yahoo.com

INVOICE Number : 26

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

Name: mmmm **ID N°:** 12

Drug	Strength	Dose	Quantity	Price	Total
Dual Cotexin	11	11	11	120.00	1,320.00
Select Drug	12	12	21		0.00
TOTAL					

You were served by: ARAV