## **Pharmacy Sys**

Student Center Ground Floor.

P.O. Box Private Bag Kabarak, Kenya

Tel: +254 702 937 925

E-mail: pharmacysys@yahoo.com -----

INVOICE Nº:

Thursday, June 28 2018, 05:30:25 AM

Name: ID N <sup>0</sup> :					
Drug	Strength	Dose	Quantity	Price	Total
TOTAL					

TOTAL

TOTAL

TOTAL

TOTAL

TOTAL

TOTAL

TOTAL

TOTAL

TOTAL