

PHARMA

13

TAX INVOICE
CASH BILL

Date.....

No.

Di...

Pt.....

Qty.	Name of the Drugs	Mtr. Name	Sch.	B. No.	Exp.	AMOUNT Rs. P.S.
1	Lorionate - NF	Canoxa	✓	5558	06/27	163 266 9.4
30	All Efolin	Roxan.	—	HPPH251	01/27	
						430/-

Prices are all inclusive of Taxes
over charging by over sight are refundable on production of this bill