

P.O. Box 47715 - 00100, Nairobi, Kenya.
 Tel: 0726 618521, 0726 618520 E-mail: info@kemsaco.ke, Web: www.kemsaco.ke
 Facebook: www.facebook/kemsakenya, Twitter: @Kemsaco_Kenya

CUSTOMER NAME & ADDRESS
 NYAMBUNWA MEDICAL CLINIC
 USAID KEMSA MCP
 MPL CODE : 13908

CUSTOMER ORDER NO.	IMP-0-039220-2017/2018
DELIVERY NOTE NO.	IMP-2-020107-2017/2018
WAREHOUSE	Imp/ambunwa Medical Clinic
DISTRICT	Kisii South
COUNTY	KISII

DELIVERY NOTE / INVOICE

02/11/2017

Page 1 of 1

	DESCRIPTION	UNIT OF ISSUE	BATCH NO.	EXPIRY DATE	QUANTITY		BOX NO.	UNIT PRICE	TOTAL VALUE
					ORDERED	ISSUED			
05TE5003	TEST KIT HIV DETERMINE 1/2	KIT X 100 TESTS	81392K100RS	31/07/18	1	1	1		



Special Notes

KISII COUNTY DISTRIBUTION OF RTKS ATTN: Richard Ongeri-723939939 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
WHSE MANAGER:	COLLECTING VEH. REG.	SIGNATURE & DATE:	DESIGNATION:
SIGNATURE & DATE:	COLLECTING OFFICER:	DELIVERING VEHICLE:	P/No.
	ID:	DELIVERING DRIVER:	ID:
	TELEPHONE:	DELIVERING DRIVER:	TELEPHONE:
	SIGNATURE & DATE:	ID:	SIGNATURE & DATE:
		TELEPHONE:	
		SIGNATURE & DATE:	

Customer Remarks:

Distribution: White: Customer, Pink: Finance, Blue: Logistics, Yellow: Warehouse/Store

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CUSTOMER NAME & ADDRESS
 AMANI MEDICAL CENTRE (SUNKA)
 USAID KEMSA MCP
 MFL CODE : 13474

CUSTOMER ORDER NO.	KEMSA-030104-2017/2010
DELIVERY NOTE NO.	MD-2-025120-2017/2010
WAREHOUSE	Embakasi Warehouse
DISTRICT	Kisii South
COUNTY	Kisii

DELIVERY NOTE / INVOICE

02/11/2017

Page 1 of 1

	DESCRIPTION	UNIT OF ISSUE	BATCH NO.	EXPIRY DATE	QUANTITY		BOX NO.	UNIT PRICE	TOTAL VALUE
					ORDERED	ISSUED			
05125003	TEST KIT HIV DETERMINE 1/2	LOT A 100 TESTS	E1392K100R	31/07/18	6	6	1		

AMANI COMMUNITY HEALTH SERVICES
 P.O. Box 2399
 KISII

Special Notes

KISII COUNTY DISTRIBUTION OF RTKS ATTN : Richard Ongeri-723939939 :: NOT FOR SALE

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TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
WHSE MANAGER:	COLLECTING VEH. REG.:	SIGNATURE & DATE:	DESIGNATION:
SIGNATURE & DATE:	COLLECTING OFFICER:	DELIVERING VEHICLE:	P/No.
	ID:	DELIVERING DRIVER:	ID:
	TELEPHONE:	DELIVERING DRIVER:	TELEPHONE:
	SIGNATURE & DATE:	ID:	SIGNATURE & DATE:
		TELEPHONE:	
		SIGNATURE & DATE:	

Customer Remarks:

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