

Robert - closed shop

Beth 0126 810 035



KENYA MEDICAL SUPPLIES AUTHORITY YOUR PARTNER IN HEALTHCARE

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

MAAI DISPENSARY

GLOBAL FUND - HIV

MFL CODE : 12436

Table with 2 columns: Field Name, Value. Fields include CUSTOMER ORDER NO., DELIVERY NOTE NO., WAREHOUSE, DISTRICT, COUNTY.

DELIVERY NOTE / INVOICE

17/10/2017

Page 1 of 1

Main table with columns: DESCRIPTION, UNIT OF ISSUE, BATCH NO., EXPIRY DATE, QUANTITY (ORDERED, ISSUED), BOX NO., UNIT PRICE, TOTAL VALUE. Row 1: 05TES069, FIRST RESPONSE HIV 1-2-0 CARDTEST, KIT X 30 TESTS, 38G0617S, 31/05/19, 1, 1, 1.

Special Notes

KITUI COUNTY DISTRIBUTION OF RTKS ATTN : Kyalo Mathew
Mutua- 714484578 :: NOT FOR SALE

TOTAL VALUE

Table with 4 columns: STORE KEEPER, SECURITY NAME, DISPATCH DATE & TIME, RECEIVING DATE & TIME. Includes fields for SIGNATURE & DATE, DISTRIBUTION MNGR, WHSE MANAGER, COLLECTING VEH. REG, SIGNATURE & DATE, DESIGNATION, P/No, COLLECTING OFFICER, DELIVERING VEHICLE, ID, DELIVERING DRIVER, TELEPHONE, 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

MAAI DISPENSARY

USAID KEMSA MCP

MFL CODE : 12436

CUSTOMER ORDER NO.	EMB-3-019304-2017/2018
DELIVERY NOTE NO.	EMB-2-020616-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	MWINGI EAST
COUNTY	KITUI

DELIVERY NOTE / INVOICE

17/10/2017

Page 1 of 1

	DESCRIPTION	UNIT OF ISSUE	BATCH NO.	EXPIRY DATE	QUANTITY		BOX NO.	UNIT PRICE	TOTAL VALUE
					ORDERED	ISSUED			
05TES003	TEST KIT HIV DETERMINE 1/2	KIT X 100 TESTS	81187K100R	30/06/18	1	1	1		

Special Notes

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 Mutua- 714494578 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	17/10/17 SR	17/10/17 1:34 PM
WAREHOUSE MANAGER:	COLLECTING VEH. REG:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION:
	ID:	DELIVERING VEHICLE:	P/No.
	TELEPHONE:	DELIVERING DRIVER:	ID:
	SIGNATURE & DATE:	ID:	TELEPHONE:
		TELEPHONE:	SIGNATURE & DATE:
		SIGNATURE & DATE:	

MWINGI DISTRICT HOSPITAL
 P.O. Box 16 MWINGI
 LABORATORY DEPT

Customer Remarks:

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