

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
 KIRIA-NI MISSION HOSPITAL
 USAID KEMSA MCP
 MFL CODE : 10627

CUSTOMER ORDER NO.	EMB-3-021478-2017/2018
DELIVERY NOTE NO.	EMB-2-023/06-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	MATHIOYA
COUNTY	MURANGA

DELIVERY NOTE / INVOICE

23/10/2017

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	81391K100R	31/07/18	2	2	1		

Special Notes

MURANGA COUNTY DISTRIBUTION OF RTKS ATTN: Cecilia Ndungu- 721280849 :: 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
 NYANGITI HEALTH CENTRE
 USAID KEMSA MCP
 MFL CODE : 17832

CUSTOMER ORDER NO.	EMB-3-021540-2017/2018
DELIVERY NOTE NO.	EMB-2-023731-2017/2018
WAREHOUSE	Embakassa Warehouse
DISTRICT	MATHIOYA
COUNTY	MURANGA

DELIVERY NOTE / INVOICE

23/10/2017

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	61391K100R	31/07/18	2	2	1		

MINISTRY OF HEALTH
 NYANGITI HEALTH CENTRE
 MATHIOYA DISTRICT
 MURANGA COUNTY

Special Notes

MURANGA COUNTY DISTRIBUTION OF RTKS ATTN : Cecilia Ndungu- 721288249 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME: <i>Amu</i>	DISPATCH DATE & TIME: <i>31/10/17 10am</i>	RECEIVING DATE & TIME: <i>8th NOVEMBER 2017</i>
SIGNATURE & DATE: <i>Amu 23/10/2017</i>	SIGNATURE & DATE: <i>[Signature] 31/10/17</i>	DISTRIBUTION MNGR:	RECEIVING OFFICER:
WHSE MANAGER:	COLLECTING VEH. REG. <i>ETX 5780</i>	SIGNATURE & DATE: <i>[Signature]</i>	DESIGNATION: <i>HTS PROVIDER</i>
SIGNATURE & DATE:	COLLECTING OFFICER: <i>[Signature]</i>	DELIVERING VEHICLE:	P/No.
	ID: <i>70045579</i>	DELIVERING DRIVER:	ID: <i>291 54518</i>
<i>[Signature] 23/10/17</i>	TELEPHONE: <i>715248924</i>	DELIVERING DRIVER:	TELEPHONE: <i>0706494830</i>
	SIGNATURE & DATE: <i>[Signature] 31/10/17</i>	ID:	SIGNATURE & DATE: <i>[Signature]</i>
	<i>[Signature]</i>	TELEPHONE:	
		SIGNATURE & DATE:	

Customer Remarks:

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