

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

Handwritten notes:
 027100800
 12/10

CUSTOMER NAME & ADDRESS

ALICE NURSING HOME

GOK GF Counterpart Funds

MFL CODE : 12869

CUSTOMER ORDER NO.	EMB-3-018026-2017/2018
DELIVERY NOTE NO.	EMB-2-019660-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	EMBAKASI
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

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	81069K100R	30/06/18	2	2	1		

Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS ATTN : Nahashon
 Marebe- 72289813 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	16/10/17	17/10/2017 - 5:30
W/HSE MANAGER:	COLLECTING VEH. REG:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION:
	ID: 25205720	DELIVERING VEHICLE:	P/No.
	TELEPHONE: 0726161106	DELIVERING DRIVER:	ID: 9520157
	SIGNATURE & DATE:	ID:	TELEPHONE: 0721890849
		TELEPHONE:	SIGNATURE & DATE:
		SIGNATURE & DATE:	

ALICE NURSING HOME
 P O Box 44587 NAIROBI

Customer Remarks:

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

17 OCT 2017

Tel: 0722 928 427
 0721 890 849

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CUSTOMER NAME & ADDRESS
 ALICE NURSING HOME
 USAID KEMSA MCP
 MFL CODE : 12869

CUSTOMER ORDER NO.	EMB-3-018026-2017/2018
DELIVERY NOTE NO.	EMB-2-019660-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	EMBAKASI
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

Page 1 of 1

	DESCRIPTION	UNIT OF ISSUE	BATCH NO.	EXPIRY DATE	QUANTITY		BOX NO.	UNIT PRICE	TOTAL VALUE
					ORDERED	ISSUED			
05TES009	FIRST RESPONSE HIV 1-2-0 CARDTEST	KIT X 30 TESTS	38408175	30/06/19	1	1	1		

Special Notes
 NAIROBI COUNTY DISTRIBUTION OF RTKS ATTN : Nahashon
 Marebe- 72289813 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	16/10/17 4PM	17/10/2017 - 5:30pm
WHSE MANAGER:	COLLECTING VEH. REG.:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION:
	ID:	TR	In-charge
	TELEPHONE:	DELIVERING VEHICLE:	P/No.
	SIGNATURE & DATE:	DELIVERING DRIVER:	9900151
		TELEPHONE:	0721690849
	SIGNATURE & DATE:	ID:	SIGNATURE & DATE:
		TELEPHONE:	
	SIGNATURE & DATE:	SIGNATURE & DATE:	

ALICE NURSING HOME
 NAIROBI
 17 OCT 2017
 Tel: 0722 928 427
 0721 890 840

Customer Remarks:
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CUSTOMER NAME & ADDRESS

APTIC HEALTH CENTRE

GOK GF Counterpart Funds

MFL CODE : 12871

CUSTOMER ORDER NO.	EMB-3-018028-2017/2018
DELIVERY NOTE NO.	EMB-2-019672-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	EMBAKASI
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

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	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	81089K100R	30/06/18	2	2	1		



Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS ATTN : Nahashon
 Mwarebe- 722899813 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	16/10/17 4R	17/10/2017
W/HSE 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:	

Customer Remarks:

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

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CUSTOMER NAME & ADDRESS

ARROW WEB MATERNITY AND NURSING HOME

GOK GF Counterpart Funds

MFL CODE : 12872

CUSTOMER ORDER NO.	EMB-3-018029-2017/2018
DELIVERY NOTE NO.	EMB-2-019067-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	EMBAKASI
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

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	81089K100R	30/06/18	2	2	1		



Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS A TTN : Nahashon
 Marebe- 722899813 :: NOT FOR SALE

TOTAL VALUE

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

Customer Remarks:

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off. memo
 Arrow shelf
 Kwa Pasaka

CUSTOMER NAME & ADDRESS
 ARROWWEB MATERNITY AND NURSING HOME
 USAID KEMSA MCP
 MFL CODE : 12872

CUSTOMER ORDER NO.	EMB-3-018029-2017/2018
DELIVERY NOTE NO.	EMB-2-019567-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	EMBAKASI
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

Page 1 of 1

DESCRIPTION	UNIT OF ISSUE	BATCH NO.	EXPIRY DATE	QUANTITY		BOX NO.	UNIT PRICE	TOTAL VALUE
				ORDERED	ISSUED			
05TES069 FIRST RESPONSE HIV 1-2-0 CARDTEST	KIT X 30 TESTS	38H08175	30/06/19	1	1	1		



Special Notes

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 Murebe- 722899813 :: 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:	ID:	TELEPHONE:
	SIGNATURE & DATE:	TELEPHONE:	SIGNATURE & DATE:
		SIGNATURE & DATE:	

Customer Remarks:

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