

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
 DANBORA HEALTH SERVICE
 GOK GF Counterpart Funds
 MFL CODE : 17997

CUSTOMER ORDER NO.	EMB-3-016239-2017/2018
DELIVERY NOTE NO.	EMB-2-019640-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	NJIRU
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	81090K100R	30/06/16	1	1	1		



Special Notes

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

4800 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.
	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

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CUSTOMER NAME & ADDRESS

DANDORA (EDARP) CLINIC

GOK GF Counterpart Funds

MFL CODE : 12911

CUSTOMER ORDER NO.	EMB-3-018005-2017/2018
DELIVERY NOTE NO.	EMB-2-019639-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	NJIRU
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	81090K100R	30/06/18	13	13	1-2		

Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS A TTN : 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 3R	
W/HSE MANAGER:	COLLECTING VEH. REG.	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION:
	ID:	TR	P/No.
	TELEPHONE:	DELIVERING VEHICLE:	ID:
	SIGNATURE & DATE:	DELIVERING DRIVER:	TELEPHONE:
		ID:	SIGNATURE & DATE:
		TELEPHONE:	
		SIGNATURE & DATE:	

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CUSTOMER NAME & ADDRESS

DANDORA (EDARP) CLINIC

USAID KEMSA MCP

MFL CODE : 12911

CUSTOMER ORDER NO.	EMB-3-018055-2017/2018
DELIVERY NOTE NO.	EMB-2-019639-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	NJIRU
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			
06TES089	FIRST RESPONSE HIV 1-2-0 CARDTEST	KIT X 30 TESTS	38H08175	30/06/19	10	10	2		

Special Notes

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

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	16/10/17 3P	17/10/17
W/HSE MANAGER:	COLLECTING VEH. REG.	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION: KRCHN
 16/10/17	ID:	DELIVERING VEHICLE:	ID: 13322067
	TELEPHONE:	DELIVERING DRIVER:	TELEPHONE: 0720712464
	SIGNATURE & DATE:	ID:	SIGNATURE & DATE:
		TELEPHONE:	
	SIGNATURE & DATE:	SIGNATURE & DATE:	

Eastern Deanery AIDS Relief Program
 P. O. Box 47351 - 00100, Nairobi, Kenya.
 Dandora Care Centre

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CUSTOMER NAME & ADDRESS

DANDORA II HEALTH CENTRE

MFL CODE : 12912

GOK/GF Counterpart Funds

CUSTOMER ORDER NO.	EMB-3-018056-2017/2018
DELIVERY NOTE NO.	EMB-2-019642-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	NJIRU
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			
06TES003	TEST KIT HIV DETERMINE 1/2	KIT X 100 TESTS	81090K100R	30/06/19	20	20	1-3		



Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS ATTN : Nahashon
 Nairobi- 722898813 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	16/10/17 4R	17/10/17 15:16
WHSE MANAGER:	COLLECTING VEH. REG:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION: MLT
	ID: 25705700	DELIVERING VEHICLE:	P/No. 20150072594
	TELEPHONE: 0726618520	DELIVERING DRIVER:	ID: 244671167
	SIGNATURE & DATE:	ID:	TELEPHONE: 0726557871
		TELEPHONE:	SIGNATURE & DATE:
		SIGNATURE & DATE:	

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CUSTOMER NAME & ADDRESS

DANDORA II HEALTH CENTRE

MFL CODE : 12912

USAID KEMSA MCP

CUSTOMER ORDER NO.	EMB-3-018066-2017/2018
DELIVERY NOTE NO.	EMB-2-019642-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	NJIRU
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			
06TES069	FIRST RESPONSE HIV 1-2-0 CARDTEST	KIT X 30 TESTS	38H08175	30/06/19	5	5	3		



Special Notes

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

TOTAL VALUE

STORE KEEPER: SIGNATURE & DATE: <i>[Signature]</i> 16/10/17	SECURITY NAME: SIGNATURE & DATE: <i>[Signature]</i> 16/10/17	DISPATCH DATE & TIME: 16/10/17 4PM	RECEIVING DATE & TIME: 17/10/17 1516
W/HSE MANAGER: SIGNATURE & DATE: <i>[Signature]</i> 16/10/17	COLLECTING VEH. REG: COLLECTING OFFICER: ID: 25705740	DISTRIBUTION MNGR: SIGNATURE & DATE: <i>[Signature]</i>	RECEIVING OFFICER: DESIGNATION: P/No. 20150072594
	TELEPHONE: 072616906	DELIVERING VEHICLE: DELIVERING DRIVER: ID: TELEPHONE:	ID: 24467467 TELEPHONE: 0726557871
	SIGNATURE & DATE: <i>[Signature]</i> 16/10/17	SIGNATURE & DATE: <i>[Signature]</i>	SIGNATURE & DATE: <i>[Signature]</i> 17/10/17

Customer Remarks:

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