

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

AAR CLINIC SARIT CENTRE (WESTLANDS)

GOK GF Counterpart Funds

MFL CODE : 16796

CUSTOMER ORDER NO.	EMB-3-018218-2017/2018
DELIVERY NOTE NO.	EMB-2-019882-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	WESTLANDS
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

16/10/2017

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	81088K100R	30/06/18	2	2	1		

AAR HEALTHCARE (KENYA) LTD.
SARIT OUT-PATIENT CENTRE
LABORATORY
RECEIVED BY: WINNIE KEROB...

ID No: 29016757
DATE: 17/10/17
SIGN: [Signature]
TOTAL VALUE

Special Notes

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

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
 ABBY CLINIC
 GOK GF Counterpart Funds
 MFL CODE : 19484

CUSTOMER ORDER NO.	LMB-3-018274-2017/2018
DELIVERY NOTE NO.	EMB-2-019600-2017/2018
WAREHOUSE	Limbakassi Warehouse
DISTRICT	WESTLANDS
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

Page 1 of 1

ITEM NO.	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	81089K100R	30/06/18	2	2	1		

Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS ATIN : 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:
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:	

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CUSTOMER NAME & ADDRESS

ADVENTIST CENTRE FOR CARE AND SUPPORT(WESTLANDS)

GOK GF Counterpart Funds

MFL CODE : 18535

CUSTOMER ORDER NO.	EMB-3-016253-2017/2018
DELIVERY NOTE NO.	EMB-2-019063-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	WESTLANDS
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

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					ORDERED	ISSUED			
06TES003	TEST KIT HIV DETERMINE 1/2	KIT X 100 TESTS	81089K100R	30/06/18	1	1	1		

Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS ATTN : 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:
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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CUSTOMER NAME & ADDRESS
 AMURT HEALTH CENTRE
 GOK GF Counterpart Funds
 MFL CODE : 12870

CUSTOMER ORDER NO.	EMB-3-018027-2017/2018
DELIVERY NOTE NO.	EMB-2-019573-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	WESTLANDS
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	81089K100P	30/06/18	4	4	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: <i>[Signature]</i> 16/10/2017	SIGNATURE & DATE: <i>[Signature]</i> 16/10/17	16/10/17 4:18	17/10/2017
W/HSE MANAGER:	COLLECTING VEH. REG.	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE: <i>[Signature]</i> 15/10/17	COLLECTING OFFICER:	SIGNATURE & DATE: <i>[Signature]</i> 17/10	ICARA WABA
	ID:	DELIVERING VEHICLE:	DESIGNATION: LAB INCHARGE
	TELEPHONE:	DELIVERING DRIVER:	P/No.
	SIGNATURE & DATE: <i>[Signature]</i> 16/10/17	ID:	
		TELEPHONE:	
		SIGNATURE & DATE:	



Customer Remarks:

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

Wpallands
6773544
0721304509

KEMSA

KENYA MEDICAL SUPPLIES AUTHORITY

YOUR PARTNER IN HEALTHCARE

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CUSTOMER NAME & ADDRESS

ASSOCIATION OF PHYSICALLY DISABLED OF KENYA

GOK GF Counterpart Funds

MFL CODE : 18348

CUSTOMER ORDER NO.	EMB-3-016174-2017/2018
DELIVERY NOTE NO.	EMB-2-019009-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	WESTLANDS
COUNTY	NAIROBI

DELIVERY NOTE / INVOICE

14/10/2017

Page 1 of 1

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05TES003	TEST KIT HIV DETERMINE 1/2	KIT X 100 TESTS	81089K100R	30/06/18	1	1	1		

Special Notes

NAIROBI COUNTY DISTRIBUTION OF RTKS ATTN : Nahashon
Marobe- 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:	TELEPHONE:
	TELEPHONE:	ID:	SIGNATURE & DATE:
	SIGNATURE & DATE:	TELEPHONE:	
		SIGNATURE & DATE:	

NAIROBI STORES DEPARTMENT RECEIVED
17 OCT 2017

GRN:.....
SIGN:.....

Customer Remarks:

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