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**CUSTOMER NAME & ADDRESS**  
 TRANSMARA DISTRICT HOSPITAL  
 USAID KEMSA MCP  
 MFL CODE : 15739

CUSTOMER ORDER NO.	LMB-3-022403-2017/2018
DELIVERY NOTE NO.	LMB-2-021003-2017/2018
WAREHOUSE	Embakasi Warehouse
DISTRICT	KANSIARA WEST
COUNTY	NAROK

## DELIVERY NOTE / INVOICE

18/10/2017

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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	01188K100R	30/06/16	60	60	1-6		

**Special Notes**

NAROK COUNTY DISTRIBUTION OF RTKS ATTN : Paulo Lepunyua  
 Rissa- 721281857 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER:	SECURITY NAME:	DISPATCH DATE & TIME:	RECEIVING DATE & TIME:
SIGNATURE & DATE:	SIGNATURE & DATE:	21/10/17	
WHSE MANAGER:	COLLECTING VEH. REG.:	DISTRIBUTION MNGR:	RECEIVING OFFICER:
SIGNATURE & DATE:	COLLECTING OFFICER:	SIGNATURE & DATE:	DESIGNATION:
	ID:	21/10/17	P/No.
	TELEPHONE:	DELIVERING VEHICLE:	ID:
	SIGNATURE & DATE:	DELIVERING DRIVER:	TELEPHONE:
		ID:	SIGNATURE & DATE:
		TELEPHONE:	
		SIGNATURE & DATE:	

**Customer Remarks:**

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

