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**CUSTOMER NAME & ADDRESS**

DIENYA HEALTH CENTRE

USAID KEMSA MCP

MFL CODE : 13533

CUSTOMER ORDER NO.	EMB-3-022054-2017/2018
DELIVERY NOTE NO.	EMB-2-022465-2017/2018
WAREHOUSE	Embakassi Warehouse
DISTRICT	Gem
COUNTY	SIAYA

## DELIVERY NOTE / INVOICE

20/10/2017

Page 1 of 1

	DESCRIPTION	UNIT OF ISSUE	BATCH NO.	EXPIRY DATE	QUANTITY		BOX NO.	UNIT PRICE	TOTAL VALUE
					ORDERED	ISSUED			
05TE300	TEST KIT HIV DETERMINE 1/2	KIT X 100 TESTS	0120171000	30/08/17	65	65	1-8		

DIENYA HEALTH CENTRE  
 10 NOV 2017  
 P.O. BOX 144  
 SIAYA

**Special Notes**

SIAYA COUNTY DISTRIBUTION OF RTKS ATTN: Alfred T. Obiero-721589370 :: NOT FOR SALE

TOTAL VALUE

STORE KEEPER: <i>Care/Monitor on File</i>	SECURITY NAME: <i>2017/11/17</i>	DISPATCH DATE & TIME: <i>20/10/17 11:02</i>	RECEIVING DATE & TIME: <i>10.11.17</i>
SIGNATURE & DATE: <i>[Signature] 20/10/2017</i>	SIGNATURE & DATE: <i>[Signature] 20/10/17</i>	DISTRIBUTION MNGR: <i>[Signature]</i>	RECEIVING OFFICER: <i>[Signature]</i>
WHSE MANAGER:	COLLECTING VEH. REG. <i>2017/10/21</i>	SIGNATURE & DATE: <i>[Signature]</i>	DESIGNATION: <i>NV 056</i>
SIGNATURE & DATE:	COLLECTING OFFICER: <i>[Signature]</i>	DELIVERING VEHICLE: <i>[Signature]</i>	P/No. <i>82023322</i>
	ID: <i>23258008</i>	DELIVERING DRIVER: <i>[Signature]</i>	ID: <i>23183115</i>
	TELEPHONE: <i>071991115</i>	DELIVERING DRIVER: <i>[Signature]</i>	TELEPHONE: <i>0700476115</i>
	SIGNATURE & DATE: <i>[Signature] 20/10/2017</i>	ID: <i>[Signature]</i>	SIGNATURE & DATE: <i>[Signature] 10/11/17</i>
		TELEPHONE: <i>[Signature]</i>	
		SIGNATURE & DATE: <i>[Signature]</i>	

**Customer Remarks:**

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