

### Supplier Return

Return Invoice Number : VR-25020003

Return Date : 24-Feb-2025

Supplier Name : RITIK PHARMA AGRA FY

Store Location : CLINICAL PATHOLOGY LAB AGRA MAIN STORE AGRA

Sr.No.	ItemName	Batch Number	ExpiryDate	Qty	Unit	Rate	DiscAmt	TaxAmt	Unit Price
1	GEL +BCA VACCUM 3.5 ML MANUAL HMD 1x100	071124e	31-Oct-2025	1.00		5.00	0.00	0.60	5.60

**Total : 5.60**

Remark : Invoicei:762346234 jdfgsdbfs

*This is a computer generated document, hence signature is not required.*