

**BILL / MONEY RECEIPT**

Bill No.:  
Name:  
Address:  
Contact:  
Ref by.:

P.ID:  
Age/Sex:

Date:  
Rep.Del.: 7:30 PM to 8:30 PM  
Associate:  
Sub Associate:  
Sample Src:

Parameter Name	Specimen	Dept	Test Date	Report Date	Rate
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No of test(s): Case His.: Remarks:  Rs. In word:	Gross Amount: Discount: Coll. Charge:  Net Amount: Rcvd Amount: Due Amount:
	E. & O. E