

RUPARELIA FOUNDATION

PAYMENT VOUCHER

PAYMENT NO RF/2024/04/1427

Date: 29 April 2024

PAY M/S **SURGIMED UGANDA LIMITED**

Account **DONATION**

AMOUNT UGX. 2,000,000/-

(IN WORDS) **UGX TWO MILLION ONLY**

BEING Payment made towards donation of 5 wheelchairs to the Sudhir Association of Uganda

PREPARED & CHECKED BY

CHRISTINE GRACE

29/4/24

CONFIRMED BY

TINA

29/4/24

SANCTIONED

BY

[Signature]

Chq No : *879*

Chq Date : *29/4/24*

Chq Prepared By :

Signature :

RECEIVER DETAILS

NAME :

DATE :

ID TYPE :

SIGN :

Processed as Payment

HOD ACCOUNT: *[Signature]* M/A/GSW

CHECKED BY AUDIT DEPT FOR :

Y	N	N/A
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	

AGENTS FOR WHT
AGENTS FOR WHT VAT
WHT EXEMPTION
WHT VAT EXEMPTION
E-INV / E-RECEIPT

DATE: *29/04/24*

NAME & SIGN: *[Signature]*



SURGIMED UGANDA LIMITED

P.O. Box :24143,Shop no 1, Plot No 2 Bomboo road,Kampala ,Uganda

Phone: [+256-759883127, 757380200]

E-mail : dilip.kumar@surgimedgrp.com, info.surgimedgrp.com

PROFORMA INVOICE

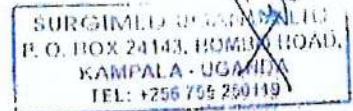
CUSTOMER

[Name]	MADAM TINA	Date	25/04/2024
[Company Name]	RUPARELIA FOUNDATION	Expiration Date	24/05/2024
[Street Address]		Invoice #	SUL/PI/01086
[City, ST ZIP]		Customer ID	
[Phone]	0772777776		

S. No.	DESCRIPTION	PC	Unit	Unit Rate	TOTAL AMOUNT	
1	WHEEL CHAIR	5	PC	400,000	UGX	2,000,000
	TOTAL				UGX	2,000,000

TERMS OF SALE AND OTHER COMMENTS

1	Warranty Period: 1 YEAR WITH TERMS
2	This Pro-forma is valid for 90 days only
3	Delivery will be done at KAMPALA
4	PAYMENT TERM - FULL PAYMENT



*donation of 5 wheelchairs
to the Seidhi*

*Associahs,
Uganda*

Guaranty Trust Bank (Uganda) Ltd
Plot 56 Kira Road
PO BOX 7323 Kampala, Uganda

KIRA ROAD BRANCH

11 27-18-47

000879 21800110:

NOT EXCEEDING Ugx.2,000,000/-

Date 29-Apr-2024

Pay: ****Surgimed Uganda Limited****

or order

****Two Million Only ****
Uganda Shillings

UGX

****2,000,000/-**

Not Negotiable
A/C Payee only

A/C 218 131161 1 5111 0

THE RUPARELIA FOUNDATION

Cheque Number

Bank Code

Account Number

000879 09 27 1847 2180011027 11



Authorised Signatory Above





SURGIMED UGANDA LIMITED

Importers and Distributors of Surgical and Medical Equipments.
P.O. Box 24143, Shop No. 1, Plot No. 2, Bombo Road, Kampala - Uganda
Tel: +256 782 532 672, +256 755 250 119, +256 704 010 522
Email: mtg1008@yahoo.com / uganda@surgimedgrp.com

DELIVERY NOTE

M/s. The Ruparielica Foundation
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DATE:	30/04/2024
No.	8464

Please receive the following goods:

Description	Qty.
Wheel chair	01
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	
 	

Received the above mentioned goods in good order and conditions.

Delivered by: Dilip Kumar Verma (sign) [Signature] 30/4/24
Received by: [Signature] (sign) [Signature] 30/4/24

SURGIMED UGANDA LIMITED

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DELIVERY NOTE

M/s. The Ruparelia Foundation

DATE: 06/05/24
 No. 8468

Please receive the following goods:

Description	Qty.
<u>Wheel chair with Commode.</u>	<u>3 Pcs</u>

Received the above mentioned goods in good order and conditions.

Delivered by: Afrow (sign) _____
 Received by: Md. Sayed Ali John (sign) _____



SURGIMED UGANDA LIMITED

Importers and Distributors of Surgical and Medical Equipments
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 Tel: +256 782 532 672, +256 755 250 119
 Email: mtg1008@yahoo.com / chirag.surgimed@gmail.com

OFFICIAL RECEIPT

NO.: **3520**

Date: 29/04/2024

RECEIVED with thanks from The Ruparelia Foundation

the sum of Two millions shillings

UGX 2,000,000/-

being 3 Pcs wheel chair payment

Cheque / Cash 000879

UGX 2,000,000/- P:

Dilip Kumar Vams

 Signature
30/4/24