

Bills

SADEESHA BOOKSHOP & COMMUNICATION
NO.299/A, DEHIWALA ROAD, BELLANWILA
075 4578480 / 077 2344657

Invoice No: 159217

Customer Name: Lions Club of Gothastrwa DLeor
Date: 11.01.2025

NO	ITEM NAME	QTY	UNIT PRICE	TOTAL	DISCOUNT	NET TOTAL
1	Work Book 1/2 Square rule 80 Pages	63	105.00	6615.00	1575.00	5040.00
2	Work Book 1/2 Square rule 80 Pages	63	105.00	6615.00	1575.00	5040.00
3	Work Book Double Rule 80 Pages	105	105.00	11025.00	2625.00	8400.00
4	Work Book 5 Rule 80 Pages	63	105.00	6615.00	1575.00	5040.00
5	Work Book Botany 80 Pages	42	230.00	9660.00	2100.00	7560.00
6	Work Book Botany CR 80 Pages	160	280.00	44800.00	4800.00	40000.00
7	En 80 Single Rule	600	100.00	60000.00	12000.00	48000.00
8	En 80 Square Rule	300	100.00	30000.00	6000.00	24000.00
9	En 120 Single Rule	300	145.00	43500.00	4500.00	39000.00
10	En 120 Square Rule	240	145.00	34800.00	3600.00	31200.00
11	En 160 Single Rule	80	230.00	17600.00	1600.00	16000.00
12	En 160 Square Rule	80	230.00	17600.00	1600.00	16000.00
13	En 200 Single Rule	80	260.00	20800.00	1600.00	19200.00
14	En 80 CR Single Rule	160	210.00	33600.00	1600.00	32000.00
15	En 80 CR Square Rule	160	210.00	33600.00	1600.00	32000.00
16	En 120 CR Single Rule	80	290.00	23200.00	1600.00	21600.00
17	En 120 CR Square Rule	80	290.00	23200.00	1600.00	21600.00
18	Drawing Book 40 Pages	120	210.00	25200.00	1800.00	23400.00
				53350.00		39620.00



RA Duplo Printing
Kirthathigoda, Makola
075 4714305 / 0113 689 359
Raduplo123@gmail.com

INVOICE

Description	Qty	Unit Price	Total
Leaflets Design 1 Color Offset Printing (A3 double sided)	150	41.00	6150.00
Leaflets Design 2 Color Offset Printing (A3 double sided)	150	41.00	6150.00
			12,300.00

NikoMed pvt ltd »
No. 259, Thalmuthakoda Road, Mirihana, Piliakottai.
Tel: +94 90 11 4342848 Fax: 011 4342884
Mobile: 9778 778842 / 9777 844995
E-mail: nikomed333@gmail.com

INVOICE

No. 20119

Name Editha B. Alonzo
Address _____
City _____
Phone 0927225166

Date 12/1/2015
Order No. _____
Rep. _____

[illegible]

Prepared By: _____ Authorized By: _____
Received Goods in Good Condition

Name _____ Signature _____ Date _____

Cheque should be written in favour of NIKOMED PVT LTD
THANK YOU FOR YOUR BUSINESS



