

RECEIVED

Department of Health - Health Services Division, 2017-18

| Ac No. | Contract No. | Name of the Vendor | MR | CBR | Amount |
|--------|--------------|--------------------|-----|-----|---------|
| 1 | 18181-18181 | 18181-18181-18181 | 181 | 181 | 1818181 |

Figure:

1. Name of the Vendor
2. MR (MR - 18181-18181)
3. Name of the Vendor (18181-18181-18181)
4. Invoice No. 181

