



MINISTRY OF HEALTH  
PHARMACY AND POISONS BOARD

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## Invoice

Application Date : **18-12-2019** ..... Serial Number: **a5e8659a38cead8c29f29af3aa637e0e**

### Application Information

Name	
Board Number	<b>1405</b>
Application Type	<b>eCTD Product Fees (Products Retention (13 products)) Array</b>

### Invoice Details

**CONSIDER THIS DATE**

Invoice Number	<b>K19189</b>
Invoice Date	<b>Wednesday, 18th December, 2019</b>
Amount	Due: KES 396,327(\$ 3900) Paid: KES 0 Balance: KES 396,327
Payment Mode	N/A
Date of Payment	N/A
Original Payment ref No	<b>69135/K19189</b>



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