



No.

Invoice of Hygienic Masks

1. Producer

Name	Address/Telephone

2. Receiver at Destination

Name	Address/Telephone

3. Details of Goods

Name of Goods	Type / Grade	Quantity (Pieces)	Distribution Price/Piece
Surgical Mask			

4. Delivery of Goods

Original Place	Destination Place Name/Address/ Quantity (Pieces)
Vehicle	Registration Number
Type (Please Specify)	

Duration of Delivery of Goods Starting on Date.....at.....hrs. until Date.....at.....hrs.

To certify that the above information is true and correct in all respects

(Signed) Officer of Production Factory

(.....)

Date.....Month.....B.E.

(For Competent Official)

Permission to Deliver or Distribute Hygienic Masks Pursuant to Quantity and Destination Place above

(Signed).....Competent Official

(.....)

Rank.....

(Signed).....Competent Official

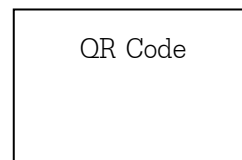
(.....)

Rank.....

Date.....Month.....B.E.

(For Receiver at Destination Place)

Scan QR Code for Checking and Receiving Goods



*Receipt of Goods to be Valid upon Having Already Scanned QR Code to Receive Goods via System

I have already received Hygienic Masks in the quantity of pieces.

(Signed).....Receiver at Destination Place/Agent

(.....)

Date.....Month.....B.E.....at.....hrs.