

Sl No.	Vendor name	Invoice no.	Inv date	Amount	Remarks
1	SIGMA	103	25-05-2024	3050.00	PEST CONTROL
2	SIGMA	104	22-06-2024	3050.00	PEST CONTROL
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

6100.00



