



# Bestmed N&M

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TO: W TRINITY METALS  
SHYORONGI/ RULINDO DISTRICT  
TEL: (+250)788574727  
TIN: 100511011

PROFORMA INVOICE

DATE: 04.02.2025

No	ITEM NAME	QTY	UP (RWF)	TP (RWF)
1	AMBU BAG-RESITOR SELF INFLATION AD 1SET	2	47,000	94,000
2	BANDE TRIANGULAIRE, 1PC	10	4,200	42,000
3	BANDELETTE GLUCOETRE (ACCUCHECK) B/50	2	9,500	19,000
4	BEQUILLE AUXILLIARY UNI SIZE 1 PAIR	4	32,000	128,000
5	BISTOURI (SURGICAL BLADE) G22 B/100	10	4,500	45,000
6	BLOOD LANCETS B/100	2	1,500	3,000
7	BOSTON SPLINT 91x11x0.45CM	5	35,000	175,000
8	COMPRESSE 10X10CM B/100	10	6,500	65,000
9	COTTON HYDROPHILE 100G	20	500	10,000
10	CREPE BANDAGE 7.5CMX4M	20	700	14,000
11	DEXAMETHASONE INJ 4MG/ML AMP	20	200	4,000
12	DEXTROSE (GLUCOSE) 5% SLN 500ML	10	700	7,000
13	HYDROCORTISONE 1% W/W CREAM	20	400	8,000
14	DICLOFENAC 100MG TAB B/100	10	1,700	17,000
15	DIGITAL BODY THERMOMETER 1PC	10	1,800	18,000
16	DRUM STERILISATION STAINLESS STEEL 6"x6"	2	28,000	56,000
17	MEDICAL BAG PROFESSIONAL EMERGENCY CASE	2	265,000	530,000
18	EXAMINATION GLOVES LATEX SIZE : 8 B/100	10	8,200	82,000
19	EYE PADS 1pc	20	600	12,000
20	FINGER & PALM (HAND) SPLINT UNI 1PC	10	16,000	160,000
21	FINGER PULSE OXIMETER 1PC	2	20,000	40,000
22	FIRST AID SCISSORS	10	4,500	45,000
23	GLUCOMETER ACCU CHEK	1	12,000	12,000

24	HOSPITAL BED 1CRANK ON CUSTORS 1PC	1	380,000	380,000
25	HOSPITAL MATTRESS WATER PROOF	1	90,000	90,000
26	HYDROCORTISONE CREAM 15G	10	360	3,600
27	HYDROCORTISONE INJ 100MG 1 VAIL	10	600	6,000
28	HYDROCORTISONE INJ 100MG 1 VAIL	50	600	30,000
29	IBUPROFENE 200MG TAB B/10x10	10	1,500	15,000
30	INSTANT ICE PACK 14.5x11CM 100GR	10	4,500	45,000
31	IV CATHETER CH18 1PC	20	150	3,000
32	IV CATHETER CH20 1PC	20	150	3,000
33	LIDOCAINE B.P 2% INJ 30ML	10	500	5,000
34	MASK OXYGEN REGULAR ADULT PC	6	1,200	7,200
35	MEDICAL ENVELOPS PLASTIC B/100	10	500	5,000
36	UNIFORM SHIRT & TROUSER MEDICAL STAFF	4	44,500	178,000
37	MEDICARE FIRST AID KIT PASCKED SIZE:M	10	72,000	720,000
38	MEFTAL-FORTE CREAM 50G	10	3,000	30,000
39	NORMAL SALINE 0.9% 500ML	10	750	7,500
40	NORMAL SALINE 0.9% 500ML	10	750	7,500
41	O.R.S 1 SACHET	50	250	12,500
42	OTOSCOPE 5SPECULUM 1PC	1	88,500	88,500
43	OXYGEN CYLINDER 10L WITH FLOWMETER	2	500,000	1,000,000
44	PAIN RELIEF HEAT PATCH B/6	10	6,500	65,000
45	PARACETAMOL TAB 500MG B/10X10	10	1,200	12,000
46	PLASTERS FIRST AID ASSORTED B/100PC	10	1,200	12,000
47	POVIDONE IODINE 200ML	10	1,600	16,000
48	SABO ANTISTATIC WHITE SIZE 43-44 1PAIR	5	45,000	225,000
49	SAFETY PIN B/5	10	350	3,500
50	SONADERM CREAM 10G TUBE	10	1,400	14,000
51	SPARADRAP 5CM X 4.5M 1PC	10	1,200	12,000
52	STRETCHER ALUMINIUM 2FOLDS WITH BAG	2	148,000	296,000
53	SUPER GLUE STICKY GEL 1PC	10	1,000	10,000
54	SURGICAL GLOVES 7.5 B/50 PAIR	10	14,500	145,000
55	TENSIOMETRE DIGITAL (WITH USB PORT)	1	25,000	25,000
56	TEST MALARIA B/25	2	30,000	60,000
57	THICK PBT BANDAGE ELASTIC 7.5CMx4.5M	20	600	12,000
58	TOURNIQUET BLUE 1PC	10	4,000	40,000
59	TROUSSE DE PERFUSION IV	50	160	8,000
60	VASELINE BLANCHE 250G	10	3,400	34,000
61	PATIENT WHEEL CHAIR ECO RUBBER SEAT	1	325,000	325,000
<b>TOTAL PRICE</b>				<b>5,537,300</b>

The total price of proforma invoice is five million five hundred thirty seven thousand three hundred Rwandan francs

Payment terms: Advance

Delivery period: 1day from receipt of the purchase order

For BESTMED N&M PHARMA

For Reception

