



Bestmed N&M

TIN: 119817501 - TEL: 0788424770

I&M Bank: 20043263001 - E-mail: bestmednmpharma@gmail.com - Kigali City Market, Basement1 (Room 97)

TO: TRINITY NYAKABINGO MINES
RULINDO DISTRICT
TIN: 100511011

PROFORMA INVOICE

DATE: 29/05/2026

No	ITEM NAME	QTY	UP (RWF)	TP (RWF)
1	BOUFFANT CAPS B/100 PCS	10	4500	45,000
2	POWDERED EXAMINATION GLOVES M B/100 PCS	20	5200	104,000
3	FACE SHIELDS 1PC	30	3200	96,000
4	HAND SANITIZER 500ML	100	6500	650,000
5	INFRARED NON CONTACT THERMOMETER 1PC	10	32000	320,000
6	ISOLATION COVERALL GOWN L	20	16500	330,000
7	BLEACH (SODIUM HYPOCHLORITE) 5% 5L	2	17000	34,000
8	SPRAYING BOTTLE 20L EMPTY	3	47000	141,000
9	BLUE FACE MASKS B/50 PCS	80	5000	400,000
10	DISPOSABLE SURGICAL GOWN 1PC	30	7000	210,000
11	THERMOMETRE DIGITAL WITH HYGROMETER	2	35000	70,000
12	BIOHAZARD WASTE BAG (RED) LARGE	100	1500	150,000
13	HOUSEHOLD GLOVES MEDIUM SIZE 1 PAIR	10	4000	40,000
14	LABO PAPER TOWER B/2 PCS	12	8500	102,000
	TOTAL PRICE			2,692,000

The total price of proforma invoice is two million six hundred ninety two thousand Rwandan francs

Payment terms: Advance

Delivery period: 1day from receipt of the purchase order

For BESTMED N&M PHARMA

For Reception

