

## Invoice Raise Request

<b>Doc Date:</b>	25/04/2025
<b>Doc No.</b>	IRR-DELF/2024-25/35
<b>Project:</b>	Distributors/Wholesaler Panel_Cipla
<b>Customer Name:</b>	Cipla Health Ltd
<b>Project Job No.</b>	20250322
<b>Department:</b>	Retail Measurement
<b>Narration:</b>	
<b>Employee:</b>	Sankalp Shrie
<b>Bill Amount:</b>	3,00,000.00