|  |  |  |
| --- | --- | --- |
|  |  | MEDICAL INVOICE |
| Company Name |  |  | **INVOICE DATE: DD/MM/YYYY** |
| 123 Main Street |  |  |  |
| BANGALORE - 560102 |  |  |  |
| (91) ########## |  |  | **INVOICE NO: ABC0001** |
| Email Address |  |  |  |
|  |  |  |  |
| **CUSTOMER NAME** |  |  |  |
| PARTY NAME |  |  |  |
| Company Name |  |  |  |
| 123 Main Street |  |  |  |
| BANGALORE - 560102 |  |  |  |
| (91) ########## |  |  |  |
| Email Address |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION** | **QUANTITY** | **PRICE/UNIT** | **AMOUNT** |
| ITEM 01 | 1 | 200 | ₹ 200.00 |
| **TOTAL** | **1** |  | **₹ 200.00** |

|  |  |  |  |
| --- | --- | --- | --- |
| **TERMS AND CONDITION :** |  | **SUB TOTAL** |  **₹ 200.00** |
| **Eg., Items are non returnable** | **DISCOUNT** | **₹ 50.00** |
| **TAX RATE ( % )** | **0%** |
| **TAX AMOUNT** | **₹ 0.00** |
| **TOTAL AMOUNT** | **₹ 150.00** |

**COMPANY SEAL AND SIGN**

**THANKS FOR MAKING BUSINESS WITH US !!! VISIT US AGAIN !!!**