

VETERINARY CLINIC INVOICE

Invoice Number: 1004948

Date: 2025-12-01 10:13:56

Owner Name: John Smith

Payment Method: Insurance

Item/Service	Quantity	Unit Price	Total
Consultation Fee	1	\$39.08	\$39.08
Distemper Vaccine	1	\$60.00	\$60.00

TOTAL: \$99.08