**Novartis**

**INVOICE: 10000003**

**Date: 01-01-2019**

**Bill From:**

**ABC**

**Novartis**

**1 Health Plaza**

**East Hanover**

**NJ, U.S.A 07936**

**9726267238**

**Bill To:**

**Dipendu Chanda**

**XYZ**

**2200 Ross Ave Suite 1600**

**Dallas**

**TX, U.S.A 75201**

**9736267238**

**Ship To:**

**Dipendu Chanda**

**XYZ\_HomeOffice**

**2201 Ross Ave Suite 1600**

**Dallas**

**TX, CANADA 75201**

**9736267230**

ID DESCRIPTION QTY PRICE TOTAL

01 Item ABC 25 $250.00 $6,250.00

02 Item LMN 8 $240.00 $1.920.00

03 Item XYZ 6 $500.00 $3,000.00

Sub Total $11,170.00

Sales Tax 8% $893.60

Shipping & Handling $500.00

**Total $12,563.60**

**Thank you for your business!**