



Invoice

Invoice No.: **MSI040**

Date: **10-01-2024**

Patient Name: **Shijin**

Patient Code: **PAT005**

Medicine Name	Qty	Amt	Mfd	Expd
medicine 1	3	441.00	01-01-2023	01-01-2023

Subtotal : 441.000 /-

Tax Amount : 90.405 /-

Total Amount : 531.405 /-

Discount Amount : 15.942 /-

Payable Amount : 515.463 /-

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