**G Y A N M U S H R O O M S**

**INVOICE**

GYAN MUSHROOMS DATE OF ISSUE

GREAT PROVIDER STREET 14/ 12/ 2021

P.O.BOX 30, WENCHI, BONO REGION INVOICE NUMBER

0549383409 / 0599453695 **GMF/021/073**

[gyanmushroomfarms@gmail.com](mailto:gyanmushroomfarms@gmail.com)

**BILL TO**

CLIENT NAME: MEDA

ADDRESS: GA-540-9090 MILEEKO AVENUE| LA-BAWALESHIE,

EAST LEGON, P.O. MD1704, MEDINA

EMAIL: [raustin@meda.org](mailto:raustin@meda.org)

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| **ITEM DESCRIPTION TOTAL(GHC)** | | |
| Fees | (GHC 120 Per trainee for 30 trainees | 3,600.00 |
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|  |  |  |
| **SUB TOTAL**  **TAX RATE**  **TOTAL TAX**  **BALANCE DUE** | | **3,600.00** |
| **7.5%** |
| **270** |
| **3,330** |