

# Invoice

**PO Number:** 929W8

**Region:** Test Region

**Territory:** 9

**Distributor:** KithshanM

**Order Date:** 2023-11-09

**Remark:** Shop Order

Product	SKU Code	Unit Price	Quantity	Total Price
Product A	SKU001	200.00	2	300.00
Product B	SKU002	300.00	2	400.00