

Invoice



Bill to

Client Name

Company Name

Client Adress

Phone Number

Mr.Bihan

| Quantity | Item # | Description | Unit Price | Total |
|----------|--------|-----------------|------------|---------|
| | | | Rs. | Rs. |
| 1 | 0212 | Simple Min.Logo | 1000 | 1000 |
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| | | | | |
| Notes: | | | Subtotal | |
| | | | Sales Tax | |
| | | | TOTAL | Rs.1000 |

Signature

Printed Name

2025.11.08

Date

Online

Payment method