

# VISION CARE OPTICAL CLINIC

123 Main Street, City, Province

Tel: (02) 123-4567 | Email: info@visioncare.com

TIN: 123-456-789-000

## Official Receipt

Invoice No: 0001

Date: 2025-10-10

Sales Type: CASH

## Customer Information

Name: John Doe

TIN: 123-456-789-000

Address: 123 Test Street, Test City

Item Description / Nature of Service	QTY	Unit Price	Amount
Eye Examination	1	₱500.00	₱500.00

Vatable Sales	₱446.43
Less: VAT	₱53.57
Add: VAT	₱53.57
Zero Rated Sales	₱0.00
VAT-Exempt Sales	₱0.00
Less: Discount	₱0.00
Less: Withholding Tax	₱0.00
Total Amount Due	₱500.00

Thank you for your business!

This receipt is valid for accounting and tax purposes.

Generated on 2025-10-10 12:17:06