

# TestingCompany(DontReplace)

TRN :

## Purchase Invoice

Bill To (Consignee)		Invoice No. : PIV-25/108
Name : ADCB		Invoice Date : 31-07-2025
Address :		
Phone No. :		
TRN :		
State : -		
Tower : MY PROPERTY		

S No	Description	Unit	Value	VAT %	VAT Amount	Total Amount (Inc.VAT)
1	Particulars	None	100.00	0.00	0.00	100.00
Total : AED One Hundred Only				Gross		100.00
				Discount		0.00
				VAT Amount		0.00
				NET Amount		100.00
Additional Remarks :						