

# TestingCompany(DontReplace)

TRN :

## Purchase Invoice

Bill To (Consignee)		Invoice No. : PIV-25/128
Name : Acc9		Invoice Date : 01-10-2025
Address :		
Phone No. :		
TRN :		
State : -		
Tower : MY PROPERTY		

S No	Description	Unit	Value	VAT %	VAT Amount	Total Amount (Inc.VAT)
1	Particulars	None	500.00	0.00	0.00	500.00
Total : AED Five Hundred Only				Gross		500.00
				Discount		0.00
				VAT Amount		0.00
				NET Amount		500.00
Additional Remarks : Oct 1 Web						