

# TestingCompany(DontReplace)

TRN :

## Purchase Invoice

Bill To (Consignee)		Invoice No.	: PIV-25/130
Name	: ADCB	Invoice Date	: 09-10-2025
Address	:		
Phone No.	:		
TRN	:		
State	: -		
Tower	: MY PROPERTY		

S No	Description	Unit	Value	VAT %	VAT Amount	Total Amount (Inc.VAT)
1	Particulars	None	1,000.00	0.00	0.00	1,000.00
<b>Total : AED One Thousand Only</b>					<b>Gross</b>	<b>1,000.00</b>
					<b>Discount</b>	<b>0.00</b>
					<b>VAT Amount</b>	<b>0.00</b>
					<b>NET Amount</b>	<b>1,000.00</b>
Additional Remarks :						