

# YOUR COMPANY NAME

Your Address, City ZIP  
Phone | Email

Invoice Number: INV20250725104015

Invoice Date: 2025-07-25

Due Date: 2025-07-25

## Bill To

KISa  
shravani  
Phone: 456525454

#	Description	Price	QTY	Total
1	janhavi	■50.00	20	■1000.00

Subtotal	■1000.00
Discount	■0.00
Tax (18%)	■180.00
<strong>Total</strong>	<strong>■1180.00</strong>

## Bank Account Details

Company Name  
Account Number: 1234567890  
Bank Name: XYZ Bank  
IFSC Code: XYZB0001234  
SWIFT Code: XYZSW123

## Terms and Conditions

Payment due within 14 days. Late payments are subject to a 4% monthly fee.

Thank you for choosing our services!