

Invoice # [invoiceno]
Date Issued:[date]

## **Invoice From**

## Care Inc

clineinfo@careinc.com +237 697187304 www.careinc.com

## invoice To:

[name]

[address]

[postalcode]

[number],

# ITEM PRICE QTY

[product]

Subtotal: [subtotal]

Discount: [discount]

Tax: [tax]%

Total: [total]