

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 |
|---|-------------------|-------|-----|
| 1 | Care your peoples | 100 | 4 |
| 2 | Care your peoples | 70 | 7 |

Subtotal: [subtotal]
Discount: [discount]

Tax: [tax]%

Total: [total]