Sale Invoice

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VEDIKA MEDICAL**  Phone no.: 9049054282 | | | | | Invoice No.  **000063** | | | Date  **12/09/2023** | | |
| Dr.  **Dr. Ruturaj** | | | | | |
| Bill To  **Ruturaj Patil**  Contact No. : 8830136942 | | | | |
| **#** | **Item name** | **HSN/ SAC** | **Quantity** | **Unit** | | **Expiry Date** | **MRP** | |  | **Amount** |
| 1 | 9W Bulub | 15365 | 1 | Unit | | None | ₹ 50.65 | |  | 50.65 |
|  | **Total** |  | **01** |  | |  |  | |  | **₹ 50.65** |
| Invoice Amount In Words  **Forty-eight only** | | | | | **Amounts:**  Total ₹ 50.65 | | | | | |
| Discount: ₹ 5% | | | | | |
| **Total Amount ₹ 48** | | | | | |
| **Terms and conditions:**   * Return will be acceptable within 7 days. * Thanks for doing business with us! | | | | | For : VEDIKA MEDICAL  Pharmacist | | | | | |