Sale Invoice

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **{{company}}**  Phone no.: {{phone}} | | | | | Invoice No.  **{{invoice}}** | | | Date  **{{date}}** | | |
| Dr.  **{{drname}}** | | | | | |
| Bill To  **{{nam}}**  Contact No. : {{partynumber}} {{addr}} | | | | |
| **#** | **Item name** | **HSN/ SAC** | **Quantity** | **Unit** | | **Expiry Date** | **MRP** | |  | **Amount** |
| {{%tr for item in item\_list%}} |  |  |  |  | |  |  | |  |  |
| {{item[0]}} | {{item[1]}} | {{item[2]}} | {{item[3]}} | {{item[4]}} | | {{item[9]}} | ₹ {{item[5]}} | |  | {{item[8]}} |
| {{%tr endfor%}} |  |  |  |  | |  |  | |  |  |
|  | **Total** |  | **{{totalqty}}** |  | |  |  | |  | **₹ {{tota}}** |
| Invoice Amount In Words  **{{amtinword}} only** | | | | | **Amounts:**  Total ₹ {{tota}} | | | | | |
| Discount: ₹ {{disc}} | | | | | |
| **Total Amount ₹ {{final}}** | | | | | |
| **Terms and conditions:**   * Return will be acceptable within 7 days. * Thanks for doing business with us! | | | | | For : {{company}}  Pharmacist | | | | | |