

**COMPANY Name**

25 , Your Company Address

00001231421

Client :

Jithu krishnan

# Invoice

Date :

Expired Date :

Number :

11/08/2024

10/09/2024

# 2/2024

Item	Quantity	Price	Total
test test	10	\$ 200.00	\$ 2,000.00
Sub Total			\$ 2,000.00
Tax 0 %			\$ 0.00
Total			\$ 2,000.00