



# Pharmacy

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## INVOICE

**Bill Id:** c\_tran20221206125057

**Date :** 06/12/2022

**Customer Name :** Cust 5

**Email:** cust5@gmail.com

S.No.	Medicine	Price	Qty.	Total
1	Vicks Action	10	4.25	42.5
2	Vicks formula	1	40	40
Total				82.5