

**FACTURE**  
**N° de commande client 1**

Date de la facture: 6/19/2024

Facturer à: John Doe  
123 Main St  
john@example.com

# Article & Description	Quantité	Taux	Montant
Amoxicillin	10	10.00	100.00
Paracetamol	20	5.00	100.00
Furosemide	9	14.00	126.00
Bisacodyl	6	6.00	36.00

Sous-total: MAD 500.00

**Total: MAD 500.00**