## Medical Invoice

| Date            | Title  | Rate | Qty | Amount |
|-----------------|--------|------|-----|--------|
| 12-Oct-16_11-55 | Room   | 100  | 1   | 100    |
| 12-Oct-16_11-56 | Room   | 100  | 1   | 100    |
| 12-Oct-16_12-34 | Anupam | 1    | 1   | 1      |
| 12-Oct-16_12-35 | Anupam | 1    | 1   | 1      |
| 12-Oct-16_12-38 | Anupam | 1    | 1   | 1      |
| 12-Oct-16_12-39 | Anupam | 1    | 1   | 1      |
| 12-Oct-16_12-40 | Anupam | 1    | 1   | 1      |
| 12-Oct-16_12-41 | Anupam | 12   | 23  | 1000   |