Pharmacy Name

INVOICE

BILLED TO:

Arnav Shrestha

9803000497

Sanepa-2, Lalitpur

Invoice No. 1719147090

2024-06-23

| Item | Quantity | Unit Price | Total |
|--------------|----------|------------|----------|
| Azithromycin | 10 | \$60.00 | \$600.00 |

Subtotal \$600.00

Discount \$0.00

Net Total \$0.00

Total Amount \$2,175.10

Thank you!

PAYMENT INFORMATION

Briard Bank

Account Name: Samira Hadid

Account No.: 123-456-7890