

# Your Company Name

123 Company Street  
Business City, State 12345  
Phone: (123) 456-7890  
Email: info@yourcompany.com

## INVOICE

Invoice #: 35  
Date: 2025-05-18

Bill To:  
Bimsara Nirmal3  
kottawa

Item #	Description	Unit	Qty	Price	Total
10	ht cbs	test	1.50	85.50	128.25

Subtotal: 128.25

Total Amount: 128.25

Customer Signature

Authorized Signature

This is a computer-generated document and requires no signature if printed with a digital signature.

Payment Terms: Payment due within 30 days. Please make checks payable to Your Company Name or pay via bank transfer.

Thank you for your business!

Print Invoice

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