

SWMS

Bill To:**Company Name:** other Company**Address:** other addr**Payment nr:** BG12312**City:** other city**State/Province:** EN**ZIP/Postal:** 155**Phone:** 088**Invoice Date:** 24-03-2022

INVOICE # 3

<u>Item</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Subtotal</u>
red paint	5	2.0	10.0
green paint	3	3.0	9.0
			<u>TOTAL: 19 BGN</u>

Company Name: My Company**Address:** my addr**Payment nr:** BG12312**Phone:** 0885**City:** my city**State/Province:** BG**ZIP/Postal:** 7000