|  |
| --- |
| Ditagihkan Kepada:  **${nama\_partner}**  ${kabupaten}, ${provinsi} |

|  |
| --- |
| ${table} |

|  |  |
| --- | --- |
| Total | ${sub\_total} |
| PPN | ${ppn} |
| Terbayar | ${terbayar} |
| **Sisa Tagihan** | **${tagihan}** |

|  |  |
| --- | --- |
| **Payment**  Pembayaran akan dilakukan dengan  mengurangi CazhBOX lembaga Anda. | ${tanggal\_dibuat}  ${tanda\_tangan:170:170}  ${atas\_nama} |