

Invoice

| Name:Paras Agar | Date:14- 11-17 | Cashier Counter----1 | Medicine name | No.of Tables | Rate | Amount |
|--------------------|-------------------|----------------------|------------------|-----------------|------|---------------------|
| | | | eno | 5 | 7 | 35 |
| | | | crocin | 5 | 5 | 25 |
| | | | combiflam | 20 | 10 | 200 |
| | | | nflux | 2 | 2 | 4 |
| | | | | | | Total Amount:264 |

Print Bill

Back