|  |  |
| --- | --- |
| ONE PHARMACY  Perinthalmanna  Kerala  E-mail: onepharmacy@info.ae  Phone: 9526485162 | **PHARMACY INVOICE** |

|  |  |
| --- | --- |
| Invoice # {{invoiceno}} | Date: {{dategen}} |

|  |  |  |
| --- | --- | --- |
| **Customer** | |  |
| Name: {{cstname}}  Phone: {{cstphn}} |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Sl No | Particulars | | Qty | Unit Price | Amount |
| {{%tr for item in invoice\_list%}} |  |  | |  |  |  |
|  | {{item[0]}} | {{item[1]}} | | {{item[2]}} | {{item[3]}} | {{item[4]}} |
| {{%tr endfor%}} |  |  | |  |  |  |
|  |  |  | |  |  |  |
|  |  |  | |  | SUBTOTAL | {{subtotal}} |
|  |  |  | |  | DISCOUNT |  |
|  |  | |  | | TAX |  |
|  |  | |  | | TOTAL |  |

[Comments or Special Instructions]

Thank you for your business!