Your Company Name

Bill/Cash Memo

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#	Item Name	No.	MRP	Quantity	Rate	Discount	Amount
1	HealthBoost (Batch: LEGACY-001)	N/A	35	12.0	35	0%	420
						Total	420

Sub Total	420
Total	420
Received	0.00
Balance	420

Invoice Amount In Words four hundred twenty rupees

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