## **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	152.0	35	0%	5320
						Total	5320

Sub Total	5320
Total	5320
Received	0.00
Balance	5320

## Invoice Amount In Words five thousand three hundred twenty rupees

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