



# INVOICE

INVOICE NO:

BILLED TO:

DATE:

DESCRIPTION

AREA

PRICE

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TOTAL

PAID

## PAYMENT DETAILS

Mandiri

900 00 39471140

Rahima Ramadhani Wiyatasari

PAYMENT TERMS:

## CONTACT

@dinusstudio

0896 7868 0168

dinusstudio@gmail.com