TestingCompany(DontReplace)

TRN:

Purchase Invoice

Bill To (Consignee) Invoice No. : PIV-25/100

Name : CASH

Address : Phone No. : TRN : State : -

Tower : 999999999999999

Invoice No. : FIV-23/100
Invoice Date : 24-07-2025

S No	Description	Unit	Value	VAT %	VAT Amount	Total Amount (Inc.VAT)
1	Particulars	None	2,500.00	0.00	0.00	
Total	: AED Two Thousand Five Hundred Only			Gross		2,500.00
				Discount		0.00
				VAT Amount		0.00
				NET Amount		2,500.00
Additional Remarks : tt						

Print Date & Time: 24-07-2025 04:19:PM Page 1 of 1