

# INVOICE / ä> ä äž ä¾ ä¹

Department of Thai Traditional and Alternative Medicine  
88/23 Tiwanon Road, Talat Khwan  
Mueang, Nonthaburi 11000

## Invoice To:

Invoice Number: **INV-TEST-001**  
Invoice Date: **11/1/2026**  
Total Amount: **THB 5,000.00**

Item	Description	Unit Cost	Quantity	Line Total
1	Application Fee	THB 5,000.00	1	THB 5,000.00
	Subtotal			THB 5,000.00
	Total			THB 5,000.00

Payment is due within 7 days. Thank you for your business.