

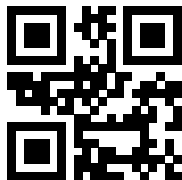


BILLED TO :
SANGEETA KHATIWADA

INVOICE :
193857093DF
28 May 2024

DESCRIPTION	CATEGORY	AMOUNT
GAAJAL	Eye Care	Rs. 899

Total Rs. 899



Must be paid within 3 days to avoid penalties.