

# L.A. Dental Clinic

# 5e43fb686b4b9820a0f4abac

Bill To:

**Sample name**

Date: February 25, 2020

Payment Terms: Cash - Paid

**Balance Due: ₱ 0.00**

Item	Quantity	Rate	Amount
sample service	1	₱ 1,000.00	₱ 1,000.00

Subtotal: ₱ 1,000.00

Total: ₱ 1,000.00

Amount Paid: ₱ 1,000.00

Notes:

Thanks for being an awesome customer!