

# Pavana Medical Agency

## Your Billing Details

Batch Number	Item Name	Company	Price Per Item	Number of Items Requested	Total price
123	Item_name1	Comapany1	12.2	2	24.4
124	Item_name2	Comapany2	10.03	3	30.09
Total Sum					54.49

Dealers Signature

Approver Signature

Send Invoice

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