

# INVOICE

**Your Company Name**

Address Line 1

Address Line 2

Phone: 9876543210

Email: support@company.com

**Bill To:**

sarathsambasivan@gmail.com

Mobile: 01234567890

Invoice No: 43

Order Date: 26-11-2025

Payment Status: Paid

Description	Qty	Price	Amount
Anti-Hair Fall Hair Oil	2	130.0	260.0

Subtotal: 260.0

Tax (0%): 0

Total: 260.0

*Thank you for your purchase!**If you have any questions, contact us at support@company.com*