

## INVOICE

**Date:** 13/Oct/2017

**Invoice Number:**82

**Order ID:**82

**Invoice To:** satish

**Invoice Amount:** Rs. 100.35

**Shipping Address**

kokrajhar

**Billing Address**

kokrajhar

Sl. No.	Particulars	Quantity	MRP	Amount (INR)
1	sdds	3	33	99
			Subtotal	99
			Tax	1.35
			Grand Total	100.35

**Declaration:**

Medicines without Batch no. and expiry date will not be taken back and it will be acceptable within one month from the date of billing. Please consult Doctor before using the medicine.

**STORE NAME**

**Authorised Signatory**