

## INVOICE

**Date:** 24/Oct/2017

**Invoice Number:**1001

**Order ID:**1001

**Invoice To:** satish

**Invoice Amount:** Rs. 41.35

**Shipping Address**

kokrajhar

**Billing Address**

kokrajhar

| Sl. No. | Particulars | Quantity | MRP            | Amount<br>(INR) |
|---------|-------------|----------|----------------|-----------------|
| 1       | mentho plus | 1        | 40             | 40              |
|         |             |          | Subtotal       | 40              |
|         |             |          | Tax            | 1.35            |
|         |             |          | Grand<br>Total | 41.35           |

**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**