

INVOICE

Date: 02/Nov/2017
Invoice Number:94
Order ID:94

Invoice To: chandan
Invoice Amount: Rs. 29.35

Shipping Address
sualkuchi

Billing Address
sualkuchi

Sl. No.	Particulars	Quantity	MRP	Amount (INR)
1	rturt	4	7	28
			Subtotal	28
			Tax	1.35
			Grand Total	29.35

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