

TrueMedicine

Payment Invoice

Invoice Date: 12/3/2025
Invoice Number: INV-#WD0004

Doctor Name: Dr. Shivendra jha
Bank Name:
Account Number: **** * 5512
IFSC Code:

Approved Amount: 13000
Payment Mode: UPI
Transaction ID: 455216521652
Payment Date: 12/3/2025

Admin Signature: _____
Official Stamp: _____