

350 5th Avenue
Suite 7720
New York, NY 10118
United States
datacamp.com

Invoice Date: 04/01/2020
Invoice #: INV01292419
Payment terms: Due Upon Receipt
Currency: USD

Account Name: Himani Attri
Contact: Himani Attri
A-50 SVK Charitable eye hospital, Bhagat Singh colony, Tigaon road, Ballabgarh,
Faridabad, India

PURCHASE	CHARGE NAME	QTY	AMOUNT
Individual Plan Yearly Premium 399	Annual price 04/01/2020-03/31/2021	1	\$399.00
Discount Discount Yearly -300.00012	Discount Yearly 04/01/2020-03/31/2021	1	(\$300.00)

INVOICE TOTALS:**Gross Amount:** \$99.00**Amount Due:** \$0.00

Credit card charged on 04/01/2020