ROCKHEAD MEDICAL STORE

invoice

To: {{ name }}

Phone: {{ phone }}

|  |  |  |  |
| --- | --- | --- | --- |
| Qty | Description | Unit Price | Line Total |
| {{%tr for item in invoice\_list %}} |  |  |  |
| {{item[0]}} | {{item[1]}} | {{item[2]}} | {{item[3]}} |
| {{%tr endfor %}} |  |  |  |
|  |  | Subtotal | {{ subtotal }} |
|  |  | Sales Tax | {{ salestax }} |
|  |  | Total | {{ total }} |