INVOICE

Sold By: , **Invoice Number** # 439

Ship-from Address: , ,

Order ID: 439
Order Date: Nov-01-2017 12:26:36 PM
Invoice Date: Nov-01-2017 12:26:36 PM

Billing Address

test test, ,16-2-227/248/401, 8th Rd,
Sardar Patel Nagar, Hydernagar,
Kukatpally Housing Board Colony, ,
Kukatpally, Hyderabad, , 500085.

Shipping Address

Shiva, kukatpally kphb, Hyderabad ,
telangana , 500012 .

Product	Title	Qty	Gross Amount ?	Delivery Amount	Discount	TOTAL
		1	**A PHP Error was encountered** Severity: Warning Message: number_format() expects parameter 1 to be double, string given Filename: customer/invoice.php Line Number: 201 Backtrace: File: /home/cartinhours/public_html/staging/application/views/customer/invoice.php Line: 201 Function: number_format File: /home/cartinhours/public_html/staging/application/controllers/Cron.php Line: 248 Function: view File: /home/cartinhours/public_html/staging/index.php Line: 961 Function: require_once	75	0.00	75.00

Notice : *Keep this invoice and manufacturer box for warranty purposes.

Total   **75.00**

Authorized Signatory