Invoice: KM-00001

Date: 09-08-2025

BILL TO (Customer Name) (redacted) (Street) (City)

SI.	Description	Qty	Rate	Amount
1	Sample item A	1	100.00	100.00
2	Sample item B	2	150.00	300.00
3	Sample item C	3	200.00	600.00

Total: 1000.00