

INVOICE

Invoice number: 000001

Date Issued: 06 - 22 - 2024

Due Date: 07 - 22 - 2024

Email: cupcup@medical.com

Phone number: +1 333244441

CUPCUP MEDICAL LLC

John Doe

1001, Blue County, Jacksonville,
Florida

Bill for:

CROSS CLINIC

Chris Cross

+1 3344558278

0077, Yellow County,
Jacksonville, Florida

ITEM	QUANTITY	COST	TOTAL
Surgical Gloves (Boxes)	500	\$10.00	\$5000.00
Syringes (boxes)	300	\$15.00	\$4500.00
Bandages (rolls)	200	\$5.00	\$1000.00

- *nothing follows* -

Payment is only accepted via:



PayPal

SUBTOTAL: \$10,500.00

GRAND TOTAL: \$10,500.00

Account email: cupcup@medical.com

**THANK YOU FOR ACQUIRING OUR
SERVICE!**

TERMS AND CONDITIONS

Unless agreed by both parties, this invoice must be paid 30 days after being issued.

This invoice serves as a tax reference