**HOSPITAL NAME and LOGO**  **INVOICE**

**INVOICE NO: 4646454 BILL TO: BILL FROM:**

**INVOICE DUE:** **20 AUGUST 2017**

**Prepared by:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No. | Items Description | Unit Price | Quantity | Total |
|  | 1 | Uyyuu | 980 | 1 | 980 |
|  | 2 | Tyyuuu | 789 | 1 | 789 |
|  | 3 | Yhhhhh | 766 | 1 | 766 |
|  | 4 | Uukkjjh | 865 | 2 | 865 |
|  | 5 | Uhgggg | 890 | 1 | 890 |
|  | 6 | Ufffffff | 765 | 1 | 765 |
|  | 7 | yuiookj | 544 | 1 | 544 |
|  |  |  | **GRAND TOTAL** |  | **$13,000** |
|  | | | | | |

**Payment Method:**

**Bank: Acc. No. Regards:**

**PayPal:** [**payment@website.com**](mailto:payment@website.com)

**Card Payment We Accept: Visa, MasterCard**