**Your Hospital Name**

To **JOHN SMITH** DECEMBER 07, 2017Director
**A**: 789, WEST STREET, IA 50023 Invoice No.**#23698720**
**W**: info@yourmail.com **Invoice Date: 20-April-2018**
**P** : +1-202-555-0163 **Issue Date : 24-April-2018** **Account No.: 98760967**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Medicine | Amount | Quantity | Balance |
| 01. | Ddddd | $2000.00 | 2 | $4000.00 |
| 02. | Hhhhhh | $500.00 | 1 | $500.00 |
| 03. | Kkklllllll | $100.00 | 2 | $200.00 |
| 04. | Uiujhggg | $1500.00 | 1 | $1500.00 |
| 05. | Ghjhkkll | $5000.00 | 1 | $5000.00 |
| 06. | Khgfdd | $300.00 | 2 | $600.00 |
| 07. | Ljjjhhgg | $20.00 | 2 | $40.00 |
| 08. | lkkhgf | $450.00 | 1 | $450.00 |
|  | **Sub-Total** | **$12290.00** |
|  | **Tax Vat (15%)** | **$2278.00** |
| Payment Method:Pay Pal: payment@website.comCard Payment We Accept: Visa, MasterCard | **Discount (5%)** | **$760.00** |
| Total Due:$13050.00 |  | **GRAND TOTAL** | **$13050.00** |
|  | **THANK YOU FOR YOUR BUSINESS!**  |