**Your Hospital Name**

To **JOHN SMITH** DECEMBER 07, 2017Director  
**A**: 789, WEST STREET, IA 50023 Invoice No.**#23698720**   
**W**: [info@yourmail.com](mailto: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.com](mailto:payment@website.com)  Card Payment We Accept: Visa, MasterCard | | | | **Discount (5%)** | **$760.00** |
| Total Due:  $13050.00 | | |  | **GRAND TOTAL** | **$13050.00** |
|  | **THANK YOU FOR YOUR BUSINESS!** | | | | |