**INVOICE TO:**

**INVOICE**

**YOUR HOSPITAL NAME AND LOGO ADDRESS PHONE WEB**

JOHN SMITH DOE

792, Cross st, TN **Invoice No.:#23698720  
 Account No.: 98760967  
 Invoice Date: 20-April-18**

TOTAL

QUANTITY

PRICE

**ITEM DESCRIPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Brand Design | $2000.00 | 2 | $4000.00 |
| Invoice Design | $500.00 | 1 | $500.00 |
| Web Design | $100.00 | 2 | $200.00 |
| Brochure Design | $1500.00 | 1 | $1500.00 |
| E-Book Design | $5000.00 | 1 | $5000.00 |
|  |  | **Sub-Total** | **$12290.00** |
|  |  | **Tax Vat (15%)** | **$2278.00** |
| CARD PAYMENT  We accept  Visa, MasterCard  We Accept: Cheque  **GRAND TOTAL $3410.00** |  | **Discount (5%)** | **$760.00** |
|  |  |  |  |
| THANK YOU FOR YOUR BUSINESS! | | | |