



Sastha Clinic

Address Line 11, Address Line 2, City, Country - 0123456

INVOICE

Bill To
saravana kumar
admin@laravel-bap.com
05465465656

#	INV-00001
Invoice Date	07-11-2025
Due Date	07-11-2025
Due Amount	\$0.00
Payment Method	cashbil
Status	Paid

Item & description	Qty	Unit Cost	Tax	Price
ASA SASA	1	\$2000		\$2000.00

Sub Total	\$2000.00
Tax	\$0.00
Discount	\$0.00
Paid	\$2000.00
Total	\$2000.00

Customer Note
It's great to work with you.

Terms & Conditions
Please pay us your amount in 15 days. Otherwise 12% interest will be applied.