

Unpaid



**Sold By: Demo Hospital**  
55-A5, h839

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### Invoice

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**Billing Address:**

hospital vendor

Ph NO: 6787875656

**Invoice No:** DEM\_35

**Invoice Date:** 2026-04-18

SI	ITEM DESCRIPTION	QTY	MRP	DISC	PRICE	TOTAL
1	Bedsheet	9	1200.000	0	1200.000	10800

**INVOICE AMOUNT IN WORDS**

Ten Thousand Eight Hundred Rupees Only

Sub Total: ₹10,800.000

Rounded Off: 0

**Grand Total: ₹10,800.000**

Payment Method: Cash

This is a computer-generated invoice. No signature required.

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