

Unpaid



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

**Invoice**

**Billing Address:**

hospital vendor

Ph NO: 6787875656

**Invoice No:** DEM\_36

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

SI	ITEM DESCRIPTION	QTY	MRP	DISC	PRICE	TOTAL
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**INVOICE AMOUNT IN WORDS**

Nine Thousand Nine Hundred Rupees Only

Sub Total: ₹0.000

Rounded Off: 0

**Grand Total: ₹9,900.000**

Payment Method: Cash

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

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