

Unpaid

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



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## Invoice

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**Billing Address:**  
hospital customer

Ph NO: 9898987676

**Invoice No:** DEM\_39  
**Invoice Date:** 2026-04-18

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

One Thousand Two Hundred Rupees Only

Sub Total: ₹0.000

Rounded Off: 0

**Grand Total: ₹1,200.000**

Payment Method: Cash

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

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