

MEDICAL INVOICE

Company Name:

Bill from:	Customer Details	Bill details
CIN Number: Address: Phone No.: GSTIN:	Name: Address: Contact Number:	Bill No.: Booking ID: Sample Collection: SAC code:

Test Description	Quantity	Price /Unit	GST (%)	Amount

	Sub Total	
Amount In Words:	Discount:	
	Final Amount:	
	Amount Paid:	
	Balance:	

Declaration:

Client's Signature _____ Business Signature _____