INVOICE

INV-2023-001

Company Logo

INVOICE DATE: June 15, 2023
DUE DATE: July 15, 2023

$790,00

Sarah Johnson
789 Maple Avenue

sarahjohnson@email.com

Joe Black
Healthy Clinic
456 Oak Street
www.healthyclinic.com

QTY	UNIT	CODE	DESCRIPTION	UNIT PRICE	TOTAL
1	Consultation	CN001	General Check-up	100,00	100,00
1	Service	SRV002	Laboratory Tests	150,00	150,00
3	Prescription	RX003	Medication	20,00	60,00
1	Procedure	PRD004	X-ray	200,00	200,00
1	Consultation	CN005	Specialist Visit	120,00	120,00
2	Service	SRV006	Physical Therapy	80,00	160,00

Discount Rate	
Sub Total	$790,00
VAT Rate	
TOTAL	**$790,00**

PAYMENT DETAILS
Recipient Name: Joe Black
Bank: ABC Bank
Branch Code: 567
Account No: 123456
IBAN: US01 0230 0012 3456 7123 456
Payment Ref No: 0002

OTHER INFO
Joe Black
Tel: 1-216-1234567
Fax: 1-212-1234568
www.healthyclinic.com
info@healthyclinic.com

***PAYMENTS SHOULD BE DONE TO OUR BANK ACCOUNT. THANK YOU FOR YOUR BUSINESS!**