INVOICE

INV-2023-009

Company Logo

INVOICE DATE: July 20, 2023
DUE DATE: August 20, 2023

$1.230,00

John Smith
789 Oak Avenue

john.smith@email.com

Dr. Sarah Johnson
Bright Smiles Dental
123 Main Street
www.brightsmilesdental.com

QTY	UNIT	CODE	DESCRIPTION	UNIT PRICE	TOTAL
1	Treatment	DNTL001	Dental Cleaning	80,00	80,00
2	Filling	DNTL002	Composite Fillings	150,00	300,00
1	Procedure	DNTL003	Root Canal Treatment	500,00	500,00
3	Service	DNTL004	Dental X-Rays	50,00	150,00
1	Treatment	DNTL005	Teeth Whitening	200,00	200,00

Discount Rate	
Sub Total	$1.230,00
VAT Rate	
TOTAL	**$1.230,00**

PAYMENT DETAILS
Recipient Name: Dr. Sarah Johnson
Bank: First Bank
Branch Code: 567
Account No: 123456
IBAN: US01 0230 0012 3456 7123 456
Payment Ref No: PAY-2023-009

OTHER INFO
Dr. Sarah Johnson
Tel: 1-216-1234567
Fax: 1-212-1234568
info@brightsmilesdental.com
info@xyz.com

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