## **Duplicate Invoice Cum receipt**

UHId	: SHRI.2	Bill Date	:	04/03/2020 12:04PM
Patient Name	: Mrs. Hoisiamkim Vaiphei	Bill No	:	SHCS75
Age/Sex	: 29 Year(s)/Female	Receipt No	:	SHRC74
<b>Referred By</b>	: Self			

SI.No	Services	Qty	Price (Rs.)	Tax Amt	Amount(Rs.)
1	Complete Haemogram(CBC)	1.00	400.00	0.00	400.00
2	Typhidot	1.00	330.00	0.00	330.00
Authorised By Bill Amour Paid by Pa		nt itient (round	d off)	:	730.00 730.00

## **Discount Reasons**

## 0

Amount in Words : Rs. seven hundred thirty only

Sum of Rs. 730.00 received with thanks from Mrs. Hoisiamkim Vaiphei

Payment Mode(s)

## Signature

Ningombam Suchitra Devi