GST TAX INVOICE

MAYUR MEDICAL & AGENCY

SHOP NO.1, GR FLR, NEAR SUDRIK PARN MAIN ROAD, RASHIN, KARJAT, AHMEDNAGAR

GST No. - -
DL No. - 20-150621, 20B-150622
PH. No. - 9423756425
Email - kundlikk99@gmail.com

Patient Name	bappu dhigude	**Invoice No.**	AM/C284/26/168
Dr. Name	KALE	**Inv. Date**	05-07-2026
Patient No.	9172954020	**Pat. Address**	rakshaswadi
Payment Mode	Cash	**Salesman**	KUNDALIK KALE

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
CLOSAAC 1 LIQ	30049085	OXL260204	01/28	1.00	1 LIT	2,475.00	2,475.00
BHC LIV 1LTR	23099090	BL26051	04/28	1.00	1 LIT	325.00	325.00
BHC LIV 500ML - OXE	3004	BL251005	09/27	1.00	500 ML	170.00	170.00
B-STAR 500ML - OXE	23099090	BS260501	04/28	1.00	500 ML	862.00	862.00

Total No. of Products :- 4

Amt. In Words : THREE THOUSAND, EIGHT HUNDRED AND THIRTY-TWO RUPEES ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	3,832.00
DISCOUNT	0.00
TAX	0.00
NET AMT.	**3,832.00**

Terms & Conditions

1. Medicine return shall be done within 7 days of purchase.
2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.
3. No return/Exchange will be processed without presenting the original bill.

Authorized Signatory
KUNDALIK KALE