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	SANJY GULVE	**Invoice No.**	AM/C284/26/84986
Dr. Name	KALE	**Inv. Date**	16-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	Cash	**Salesman**	KUNDALIK KALE

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
LEEVOXY DS 1LTR - SAF	3004	DS26-110	03/28	1	1 LIT	1,734.00	1,734.00
LEEVOXY DS 500,L - SAF	3004	SD25-091	03/27	1	1 x 1	909.00	909.00

Total No. of Products :- 2

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

GROSS	2,560.43
DISCOUNT	0.00
TAX	82.57
NET AMT.	**2,643.00**

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