## INVOICE

NUMBER: DATE: LOCATION:	001 8/7/2021 13:32:55 New York	CUSTOMER: PROFESSION: ADDRESS:	Joe Bailey 1539 Shinn Street, New York, 10022, United States
Internal series code:	1		
PAID			
PAYMENT TYPE:	cash		

QTY	Description	Unit price \$	Amount \$
1	Medical visit	50.00	50.00
1	Kidney and bladder Ultrasound	90.00	90.00
TOTAL \$			140.00

## REMARKS:

Test invoice - All information is random for demo purposes.