

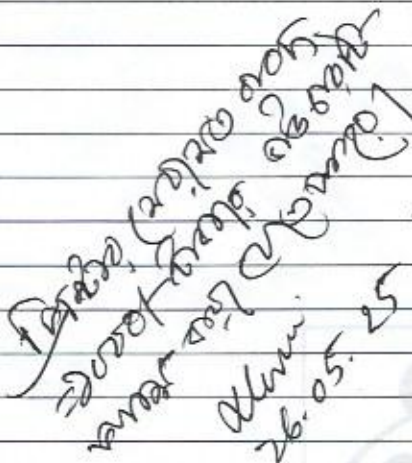
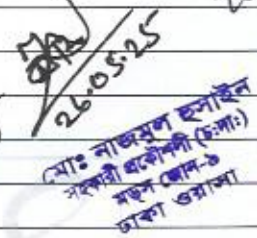
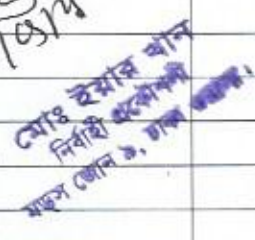
INVOICE

DATE: 26 05 2025

INVOICE : 179

BILL TO

Name :
 Company Name :
 Address :
 Phone No :

S/N	DESCRIPTION	QTY.	RATE	AMOUNT
	Printer servicing	1	1000/-	1000/-
  				
				
Taka In words: One thousand & 00 only			Subtotal:	1000/-
			Payment:	
			Due:	
			Total:	

Customer's Sign.

SYSTEMIX
For SYSTEMIX