

Pharmacy Retail Sales Invoice

Pharmacy Name
Address Line 1, City, PIN
Contact: (123) 456-7890 | Email: info@pharmacy.com

Invoice No: INV-0001

Date: 2024-06-15

Pharmacist: John Doe

Customer Name: Jane Smith

Customer Mobile: 9876543210

Doctor Name: Dr. Wilson

#	Medicine Name	Batch No.	Expiry	Qty	MRP	Rate	Amount
1	Paracetamol 500mg	B12345	12/2025	2	20.00	18.00	36.00
2	Cough Syrup 100ml	C22511	05/2026	1	55.00	50.00	50.00
3	Vitamin C Tablets	VT9991	08/2025	1	80.00	75.00	75.00

Sub Total: 161.00

Discount: 10.00

GST (5%): 7.55

Grand Total: 158.55

Amount Paid: 160.00

Balance: 1.45

Note: All medicines once sold cannot be returned. Please check the medicines and expiry dates before leaving.

Customer Signature

Authorized By