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TEST INVOICE

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NUMBER:	TEST001	CUSTOMER:	John Doe
DATE:	10/2/2022 09:52:40	PROFESSION:	
LOCATION:	NEW YORK	ADDRESS:	
Internal series code:	3		
PAID			
PAYMENT TYPE:	cash		

QTY	Description	Unit price \$	Amount \$
1	Medical visit	50.00	50.00
TOTAL \$			50.00
Discount 20%			10.00
VALUE AFTER DISCOUNT \$			40.00
GRAND TOTAL \$			40.00