Lawyer Name / Law Firm Name:

Phone :,
Email : ,
Bar Association Name :
Bar Council Regn No :

Bill To :

Test Client
Andhra Pradesh , Adoni

INVOICE

Invoice No. : LK240424/0000362

Invoice Date : 24/04/2024

#	Particulars	Amount(Rs)
1	**test** This is for test	200.00/-
	Grand Total	**200.00/-**
Rupees two hundred only		

PAN No. :

Bank account details :

Account holder name :

Account No. :

RTGS/ IFSC Code :

Bank Name & Address :

LEGALKART
Your Trusted Lawyer Friend

Authorized Signatory

Facilitated by

LEGALKART
Your Trusted Lawyer Friend

India's first Practice Management app