

Lawyer Name / Law Firm**Name:saheli' Test**

Phone :8899665544,

Email : xyz@mailinator.com,

Bar Association Name :

Bar Council Regn No :

Bill To :**test client**

Andhra Pradesh , Adoni

INVOICE

Invoice No. : TES/2020/Jun/1**Invoice Date : Invalid date****Case No: 145485**

#	Particulars	Amount(Rs)
1	hyh hyyh	52252.00/-
Grand Total		52252.00/-
Rupees fifty two thousand two hundred and fifty two only		

PAN No. :**Bank account details :****Account holder name :****Account No. :****RTGS/ IFSC Code :****Bank Name & Address :****Authorized Signatory****Facilitated by**

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