



Invoice  
Order

---

Billed To:

NAME: test

EMAIL: test1@gmail.com

PHONE: 9876543211

IBE ID: 440205

Order Date:

07-10-23

Payment Status: Paid

Order summary

Service name	Package	Quantity	Totals
BASIC - ITME - 3000	INR 3000	1	INR 3000
		GST	00.00
		Total	INR 3000