Invoice Sample

Marsh (HK) Limited
Suite 3402-3406, 34/F One Taikoo Place
979 King's Road,
Quarry Bay,
Hong Kong
Attn: WIRM®

Invoice No. XXXXX **Date** XXXXX

Name of employer: **XXXXXXXXXXXXXXXXXX**

Consultation Date	Patient	Date of Injury	Diagnosis	Amount	Description	Voucher No.
10 Aug 2020	Wong XX	10 Aug 2020	Back Injury	$ 300.00	GP	
15 Aug 2020	Wong XX	10 Aug 2020	Back Injury	$ 300.00	GP	
20 Aug 2020	Wong XX	10 Aug 2020	Back Injury	$ 600.00	SP	
20 Aug 2020	Wong XX	10 Aug 2020	Back Injury	$ 200.00	X-ray	
				$ 1,400.00		

Grand Total **$ 1,400.00**

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Payment:
Please mail a crossed cheque payable to "XXXXXXXXXXXXXXXXXXXX" at the following postal address: (For cheque payment)
Please pay to "XXXXXXXXXXXXXXXXXXXX" at the following electronic banking account: (For electronic banking payment)
a) Bank Name (bank code): _____
b) Bank Account number: _____
c) Beneficiary name: _____

Signature & Co. Chop