**Appendix-VIII**

**Invoice**

Product Development Cell DATE NO

All India Institute of Speech and Hearing, Mysore

Manasagangotri, Mysore 570 006

**Bill To**

**Ship To**

 ***P.O. No.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.No.** | **Title** | **Product Code** | **ISBN** | **Qty** | **Unit Price** | **Discount** | **Amount****(Rs)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***Total*** |  |

***Note***

Shortage, if any,must be reported to us within 15 days of this invoice.