

(the first 7 digits are alphabet) Branch : ICICI CMS

respective invoice or Balance statement.

## **Balance Statement**

Invoices till 16/04/2024 not paid as on 16/04/2024

## DENTCARE DENTAL LAB PVT. LTD.

## **DEL001195 - FUTURLS HEALTH**

	Bill No	Order Type	SO Number							C	Opening balance IN / CN :		
Branch Bill Date				Patient Name		Product & Units			Amount	Settled Amount	Balance Amt	Cumulative Balance	
KER 02/04/2024	TIKER/45001742	SO	24034309656	SAVITRI ARC	ORA	DENTURE	RY/PROVISIONAL HYE ABOVE 6 ,12,13,14,15,16,21,22			2,911.00	43.00	2,868.00	2,868.00
								2,9	11.00		43.00		2,868.00
After Adjusing Pending Cheques, If Any			:	2,868.00	Trans	. Date	Party's Bank	Submitted	Bank	Cheque I	Date Cher	jue No C	heque Amount
Receipts Pending Rec	onciliation Or Settlem	ent	:	0.00			,						
Net Receivable			:	2,868.00									
			OR Code Fo	or UPI Payment*	L					I	1		
Bank Account Detail Bank Name :ICICI Ba Virtual Account No: D	ank												

IFSC Code : ICIC0000104

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