



Balance Statement

Invoices till 15/04/2024 not paid as on 15/04/2024

DENTCARE DENTAL LAB PVT. LTD.

DEL004665 - SALENA SAWHNEY

Opening balance IN / CN : 0

Branch	Bill Date	Bill No	Order Type	SO Number	Patient Name	Product & Units	Amount	Settled Amount	Balance Amt	Cumulative Balance
KER	02/04/2024	TIKER/45001819	SO	24034499051	Y P S TOMAR	DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-23,24	2,776.00	0.00	2,776.00	2,776.00
KER	07/04/2024	TIKER/45011069	SO	24044592791	HARVEEN	DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-35	1,388.00	0.00	1,388.00	4,164.00
KER	12/04/2024	TIKER/45018427	SO	24044682741	HARUVEEN SAWHNEY	DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-15	1,388.00	0.00	1,388.00	5,552.00
DEL	13/04/2024	TIDEL/46000736	SO	24044710641	SARIKA	SOFT NIGHT GUARD 1.5 mm (MOUTH GUARD)-31	693.00	0.00	693.00	6,245.00
							6,245.00	0.00		6,245.00

After Adjusting Pending Cheques, If Any : **6,245.00**

Receipts Pending Reconciliation Or Settlement : **0.00**

Net Receivable : **6,245.00**

Trans. Date	Party's Bank	Submitted Bank	Cheque Date	Cheque No	Cheque Amount

Bank Account Details

Bank Name : ICICI Bank
 Virtual Account No: **DCJKDEL004665**
 (the first 7 digits are alphabet)
 Branch : ICICI CMS
 IFSC Code : ICIC0000104

QR Code For UPI Payment*



*The Virtual Account Number and QR Code is unique for each customer. Kindly ensure to make payment only to the Virtual Account Number or QR code specified in your respective invoice or Balance statement.