

Invoice To:  
**Merrs. Ruby Smiles Dental Clinic**  
Phone: 0748-877-562  
Email: rubysmiles@gmail.com

INVOICE NO: #CHL/RUBY0025

Account No:  
Invoice Date: 22<sup>nd</sup> JULY 2025

Item Description	Period/Quantity	Unit Price	Total Price
Creating Short & Long Videos with animated voice over	One Time 1 video	1,000	2,000
1 Graphic Design poster	One time	500	500
2 Thumbnails	One Time	—	500
—	—	—	—
—	—	—	—
—	—	—	—

Payment Method:

Paybill No: 400 200  
Account No: 0110 1744 0310 01

OR

Cheque:  
Acc Name: Crimson Hawk Limited - Connect Kenya

OR

M~Pesa:  
Send Money - 0708-864-076

Terms & Conditions:

This Invoice is per approved quotation

Subtotal Ksh. 3,000  
Vat & Tax 16% Ksh. N/A  
Discount Ksh. 0.0

**TOTAL QUOTATION Ksh. 3,000**

**TOTAL PAYABLE NOW Ksh. 3,000**



Head of Marketing