

# Christine Mae R. Legarde

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cwitin@gmail.com

## INVOICE

**INV5**  
**05-01-2020**

**Bill To**  
**All Travels Maldives Pvt. Ltd.**  
accounts@alltravels.mv

No.	Product	Qty	Rate	Amount
1	Sales & Reservations Consulting Fee For the month of December 2019	1.00	450.00	450.00

**Please Note**

**Total** **USD 450.00**

**Grand Total** **USD 450.00**

(-) Paid USD 0.00

Balance USD 450.00



Signature

Please send via MoneyGram using the following details:

Name: **John Carlo R. Legarde**

Phone #: **+639198862840**

Address: **Maslog Danao City, Cebu 6004**

ID Type: **Driver's License** ID #: **G05-15-005893**

**Note: Please make sure to send the amount in \*\*\*USD\*\*\***

