|  |  |
| --- | --- |
| **Company Name:** | **LOGO** |
| Address : |
|  |
| City, State, Country: |
| ZIP Code: |
| Phone No.: |
| Email ID: |
|  |
| **Tax Invoice** |
|  |
| **Bill To:** | **Invoice No.:** |  |
| Name: | **Date:** | DD/MM/YYYY |
| Address: |  |
|  |  |
| City, State, Country: |  |
| ZIP Code: |  |
| Contact No.: |  |
|  |
| **#** | **Service name** | **HSN** | **QTY** | **Unit** | **Price/****Unit** | **Disc** | **Amount** |
| 1 | Bed Charges |  |  |  |  |  |  |
| 2 | Oxygen Charges |  |  |  |  |  |  |
| 3 | Driver Charges |  |  |  |  |  |  |
| 4 | Petrol Charges |  |  |  |  |  |  |
| 5 | Other Medical Charges |  |  |  |  |  |  |
| 6 | Charge 1 |  |  |  |  |  |  |
| 7 | Charge 2 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** | **0** |  |  | **0** | **0** |
|  |
|  |  | **Sub Total:** | **0** |
| Discount: |  |
| **Amount in words:** | Tax Rate: |  |
| Tax Value: |  |
| **Total:** |  |
| Received |  |
|  | Balance |  |
| Company seal and Sign |  |
|  |
|  |
|  |
|  |  |
|  |  |