|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |  | | | |
|  | | | |
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