|  |
| --- |
| **Catering Bill** |
| **Company/Seller Name:**Address:  Phone No.: Email ID:GSTIN: State:  |
|   |
| **Bill To:** | **Shipping To:** |
| Name: |   |
| Address: |   |
|   |   |
| Customer ID |   |
| Contact No.: | **Invoice No.:** |  |
| GSTIN No.: | **Invoice Date:** |  |
| State: | Delivery Date: |  |
|   |  |  |  |  | Due Date: |  |
| **#** | **Item name** | **HSN/SAC**  | **QTY** | **Unit** | **Price** | **Disc** | **GST** | **Amount** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Total** |  |
|   |
|  |   | **Sub Total:** |  |
| **Amount in words:** | Shipping Charges |  |
| Discount: |  |
| SGST |  |
| CGST |  |
| **Total** |  |
|  | Advance Payment |  |
| Company seal and Sign | Total Due  |  |
|  |  |  |  |   |
|  |  |  |  |   |
|  |  |  |  |   |
|  |  |  |  |   |
|  |  |  |  |   |
|   |   |   |   |   |   |