

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/SA C	QT Y	Unit	Price	Dis c	GST	Amount
							Total	

		Sub Total:	
Amount in words:		Shipping Charges	
		Discount:	
		SGST	
		CGST	
		Total	
		Advance Payment	
		Total Due	
Company seal and Sign			