

Cloth Bill

Company/Seller Name

Address :

Phone No:

Email ID:

GSTIN:

State:

Bill To:

Name:

Address:

Contact No.:

GSTIN No.:

State:

Shipping To:

Invoice No.:

Date:

#	Item name	HSN/SAC	Quantity	Unit	Price / Unit	Disc	GST	Amount

Total

Amount in words:

Sub Total:

Discount:

SGST

CGST

Total

Received

Balance

Terms & Conditions:

Company seal and Sign

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