| **Furniture Bill** |
| --- |
| **Company/Seller Name:**Address:Phone No.:Email ID:GSTIN:State: |
|  |
| **Bill To:** | **Shipping To:** |
| Name: | Name: |
| Address: | Address: |
|  |  |
| Contact No.: | **Invoice No.:** |
| GSTIN No.: | **Date:** |
| State: |  |
| **#** | **Item name** | **HSN/SAC** | **QTY** | **Unit** | **Price/****Unit** | **Dis.** | **GST** | **Amount** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Amount In Words** |  | **Sub Total:** |  |
|  | Discount: |  |
| **Company seal & sign** | SGST |  |
|  | CGST |  |
| **Total** |  |
|
| Received |  |
| Balance |  |

