

Furniture Bill

Company/Seller Name:

Address :

Phone No.:

Email ID:

GSTIN:

State:

Bill To:

Name:

Address:

Contact No.:

GSTIN No.:

State:

Shipping To:


Name:

Address:

Invoice No.:

Date:

| # | 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 | | | |

Create professional invoices using  **myBillBook** app

