|  |
| --- |
| Payment Voucher |
| Your Business AddressPhone No.:Email ID:State:GSTIN No.:  |
|   |
| Pay to Name: | Pay By: |
| Address: | Payment Voucher No.: |
|   | Date: |
| **#** | **Description** | **Quantity** | **Unit** | **Price / Unit** | **Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total** |  |  |  |  |
|   | Sub Total  |  |
| **Amount In words:** |  | Discount |  |
|  | **Total Amount** |  |
|  | Advance |  |
|  | **Balance** |  |
|  |   |
|  | **Seal & Signature** |
|   |  |
| Terms & Condition: |  |
|  |
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