|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Payment Voucher | | | | | | |
| Your Business Address  Phone 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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