RESTAURANT BILL

Restaurant Name:			
Address:			
Phone:	Email:	GSTIN:	FSSAI Lic. No.:

BILL & ORDER DETAILS

Bill No.:	Date:	Time:	Order No.:
Order Type:	Table / Token No.:	Server / Steward:	Cashier:
Customer Name (optional):		Mobile No. (optional):	

ITEMISED BILL

#	Item / Dish Description	Qty	Rate	Tax %	Amount
1					
2					
Amount in Words:				**Subtotal**	
				Discount	
				Service / Other Charge	
				CGST	
				SGST	
Billing / Order Notes:				**GRAND TOTAL**	

PAYMENT DETAILS

Payment Mode:	Transaction / Ref. No.:	Amount Paid:
Payment Status:	Balance / Change:	
Tax / Charge Note:		
Remarks / Special Instructions:		

Cashier / Authorized By	Customer Acknowledgement (if required)
Name / Signature:	Name / Signature:

THANK YOU