

SALES BILL

SELLER / BUSINESS DETAILS			BILL TO			BILL DETAILS			
Business / Store Name:			Customer Name:			Bill No.:			
Address:			Address:			Bill Date:			
Phone / Email:			Phone / Email:			Place of Supply:			
GSTIN:			GSTIN:			Payment Mode:			
Order / Reference No.:		Due Date:		Salesperson / Counter:					
ITEMS SOLD									
#	Item / Description	HSN / SAC	Qty	Unit	Rate	Disc.	Tax %	Tax Amt.	Amount
Taxable Value		Total Tax				Invoice Value			
Amount in Words:					Sub Total				
					Discount / Adjustment				
					Round Off				
Payment Reference / UPI / Transaction ID:					GRAND TOTAL				
Payment Mode		Amount Paid		Balance Due		Delivery / Dispatch Ref.			
NOTES / REMARKS						TERMS			
Declaration: Goods / services supplied as per this bill.									
Customer / Receiver Signature					Authorized Signatory				

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