XEROX BILL

SHOP / BUSINESS DETAILS		BILL DETAILS	
Shop Name:		**Bill No.:**	
Address:		**Date:**	
Phone:	GSTIN:	**Payment:**	

CUSTOMER DETAILS	
Customer Name:	Mobile No.:

XEROX / PRINTING SERVICE DETAILS

Sl No.	Service / Description	Paper Size	B/W / Color	No. of Copies	Rate / Copy	Extra Charges	Amount

Job Notes / Special Instructions:	CHARGES SUMMARY	
	Subtotal	
	GST	
	Other Charges	
	Round Off	
	Grand Total	

Amount in Words:

Terms / Remarks	Authorized Signature
1. 2. 3.	

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