

BILL

From (Seller)

GSTIN: _____

Name: _____

Address:

State: _____

Bill To (Buyer)

GSTIN: _____

Name: _____

Address:

State: _____

S.No Description HSN/SAC Qty Rate GST % Amount

1

2

3

4

Notes & Terms

Subtotal

GST

TOTAL

Authorized Signature

Buyer's Signature

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