|  |  |  |
| --- | --- | --- |
| **Company Name:** |

|  |
| --- |
|   |
|

 |
| Address :  |
|   |
| City, State, Country: |
| ZIP Code: |
| Phone No.: |
| Email ID: |
|   |
| **Tax Invoice**  |
|   |
| **Bill To:** | **Invoice No.:** | ABC-2022-0001 |
| Name: | **Date:** | DD/MM/YYYY |
| Address: |   |
|   |   |
| City, State, Country: |   |
| ZIP Code: |   |
| Contact No.: |   |
|   |
| **#** | **Service name** | **HSN** | **QTY** | **Unit** | **Price/Unit** | **Disc** | **Amount** |
| 1 | Bed Charges | 1234 | 1 | 1 | 200.00 | 20 | 180 |
| 2 | Oxygen Charges | 1235 | 1 | 1 | 250.00 | 10 | 240 |
| 3 | Driver Charges | 1236 | 1 | 1 | 340.00 | 20 | 320 |
| 4 | Petrol Charges | 1237 | 1 | 1 | 300.00 | 30 | 270 |
| 5 | Other Medical Charges | 1237 | 1 | 1 | 300.00 | 30 | 270 |
| 6 | Charge 1 | 1237 | 1 | 1 | 300.00 | 10 | 290 |
| 7 | Charge 2 | 1237 | 1 | 1 | 200.00 | 20 | 180 |
| **Total** | **7** |  |  | **140** | **1750** |
|   |
|  |   | **Sub Total:** | **1890** |
| Discount: | 140 |
| **Amount in words:** | Tax Rate: | 0% |
| Tax Value: | 0 |
| **Total** | **1750** |
| Received | 1750 |
|  | Balance | 0.00 |
| Company seal and Sign |   |
|   |
|   |
|   |
|   |
|   |
|   |   |
| Download **Vyapar app** to create more **Ambulance Bill Format** for free !!! | [**Try Now !!!!**](https://billing.vyaparapp.in/format) |