|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | | | | | | | |
| **Amount in words:** | | | |  | **Sub Total:** | | **1890** |
| Discount: | | 140 |
| 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) |