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| --- |
| **Bill Of Supply** |
|  |
| **Company Name:** | **LOGO** |
| Address: |
|  |
| Phone No.: |
| Email ID: |
| GSTIN: |
|  |
|   |
| **Bill To:** | **Invoice No.:** |  |
| Name: | Date: |  |
| Address: | Purchase Order: |  |
|  | Due Date: |  |
| Phone No.: | Payment Mode: |  |
| Email ID: | Place of Supply: |  |
| GSTIN: |
|  |
|   |
|  |
| **Sl. No.** | **Description** | **HSN / SAC** | **Quantity** | **Price / Unit**  | **Discount (total)** | **Amount** |
| 1 | Item 01 | 1234 | 10 | 1000 | 100 | 9900 |
| 2 | Item 02 | 1235 | 10 | 1000 | 100 | 9900 |
| 3 | Item 03 | 1236 | 10 | 1000 | 100 | 9900 |
| 4 | Item 04 | 1237 | 10 | 1000 | 100 | 9900 |
| 5 | Item 05 | 1238 | 10 | 1000 | 100 | 9900 |
| 6 | Item 06 | 1239 | 10 | 1000 | 100 | 9900 |
| 7 | Item 07 | 1240 | 10 | 1000 | 100 | 9900 |
| 8 | Item 08 | 1241 | 10 | 1000 | 100 | 9900 |
| 9 | Item 09 | 1242 | 10 | 1000 | 100 | 9900 |
|  | **Total** |  | **90** |  | **900** | **89100** |
|  |
| **The Total amount you have saved is ===>>** | **900** |
| **The Total Invoice Amount is ====>>** | **89100** |
|  |
| Terms & Condition:  | Amount In words: |
|   |   |
|   |
|   |
|   |
|   |
|   |
|   |   |
|   |
| Remarks:  |
| 1. Composition dealer is not eligible to collect the taxes on supply |
|  |
| 2. |  |
|   |  |
|   | Seal & Signature |  |

 