|  |  |  |
| --- | --- | --- |
| **Clinic Name:** |  | **Logo** |
| Address:  |  |
|  |
| Phone No.:  |  |
| Email ID: |  |
| GSTIN:  |  |
| State:  |  |
|   |
| **Tax Invoice**  |
|   |
| **Bill To:** |   | **Date of Accident:** | DD/MM/YYYY |
| Name: | Part of Body: |  |
| Address: | Type of Injury: |  |
|   |  |
| Contact No.: | **Invoice No.:** | ABC-2022-0001 |
| GSTIN No.: | **Invoice Date:** | DD/MM/YYYY |
| State: |  |  |
|   |
| **#** | **Service name** | **Qnty**  | **Unit** | **Rate** | **Dis** | **GST** | **Amount** |
| 1 | Service 1 | 2.5 | Hours | 200.00 | 20 | 5% | 504 |
| 2 | Service 2 | 3 | Day | 250.00 | 10 | 18% | 873.2 |
| 3 | Service 3 | 1 | Hours | 340.00 | 20 | 5% | 336 |
| 4 | Service 4 | 2 | Day | 300.00 | 30 | 5% | 598.5 |
| 5 | Service 5 | 1 | Hours | 300.00 | 30 | 5% | 283.5 |
| 6 | Service 6 | 1 | Day | 300.00 | 10 | 5% | 304.5 |
| 7 | Service 7 | 1.5 | Hours | 200.00 | 20 | 5% | 294 |
|   |   |   |   |   |   |   |   |
| **Total** | **12** |  |  | **140** | **244** | **3194** |
|   |
| **Amount in words:** |  | **Sub Total:** | **3090.00** |
| Discount: | 140 |
| SGST | 121.85 |
|  | CGST | 121.85 |
| Terms & Conditions | Total | 3193.7 |
|  |
| Received | 3193.7 |
| Balance | 0.00 |
|   |
|   | Company seal and Sign |
|   |
|   |
|   |
|   |
|   |
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