|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Download Vyapar app to create more Physiotherapy Bill Format for free !!! | | | | | | | [Try Now](https://billing.vyaparapp.in/format) |