

[Your Shop Name]

BILL

Address: _____

Phone: _____ NTN: _____

Bill No.: _____

Date: _____

M/s: _____

Phone: _____

S.No	Description	Qty	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Thank you for your business!

Total	
Discount	
Net Amount	
Received	
Balance	

Customer signature_____
For [Your Shop Name]