[Your Shop Name]

KACHA BILL

Market / address: _____

Phone: _____

Bill No.: _____ **Date:** _____

M/s: _____ **Phone:** _____

S.No	Description	Qty	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Kacha bill — not a sales tax invoice. Errors and omissions excepted (E&OE).

Total	
Discount	
Net Amount	
Received	
Balance	

Customer signature

For [Your Shop Name]

Free format by InvoiceMate — make it online at invoicemate.digital