|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Page No. 1 of 1 |  | **Bill/Invoice** |  |  |  |  | Original Copy |
| **Restaurant Name (Shop Name)** **Address**: New Delhi, Delhi, 110058, India.**Mobile**: +91 XXXXXXXXXX |**Email:** XXXXXXXXXXXXXXXXX**GSTIN** - XXXXXXXXXXXXXXX | **PAN** – XXXXXXXXXX | Add Logo |
| **Invoice Number Invoice Date Due date****Place of Supply Reverse Charge** |  | : 0004/25-26: 13-07-2025: 28-07-2025: 07 - Delhi: No |  |  |  |  |  |
| **Billing Details****Customer Name:****Event Name & Type:** **Event Date:**  **Address:** New Delhi, Delhi, 110058, India. **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id |
| **Shipping Details** **Customer Name:** **Address:** New Delhi, Delhi, 110058, India. **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id |
| **Sr.** | **Product/Service Description** | **HSN/SAC** | **Qty** | **Unit** | **List Price** | **Disc.** | **Tax %** | **Amount (₹)** |
| 1 | Product/Service 01 | 1234432109874390 | 1.00 | Kg | 200.00 | 1234432109874390 | 0.00 | 200.00 |
| 2 | Product/Service 02 | 1.00 | Kg | 0.00 | 0.00 | 0.00 |
| 3 | Product/Service 03 | 1.00 | Kg | 0.00 | 0.00 | 0.00 |
| 4 | Product/Service 04 | 1.00 | Kg | 0.00 | 0.00 | 0.00 |
|  | Rounded Off (+) |  |  |  |  |  |  | + 0.00 |
|  Total |  |  |  |  |  |  | 200.00 |
| **Amount in Words - Rs. Two Hundred Only** |
| **Terms and Conditions** |  |  |
|  | **UPI Id:** Add UPI Id  | **Pay For – Company Name (Shop Name)** |
|  |  |  |
|  |  | **Signature** |