 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	: 0004/25-26
Invoice Date	: 13-07-2025
Due date	: 28-07-2025
Place of Supply Reverse Charge	: 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	1234	1.00	Kg	200.00	1234	0.00	200.00
2	Product/Service 02	4321	1.00	Kg	0.00	4321	0.00	0.00
3	Product/Service 03	0987	1.00	Kg	0.00	0987	0.00	0.00
4	Product/Service 04	4390	1.00	Kg	0.00	4390	0.00	0.00
	Rounded Off (+)							+ 0.00
	Total							200.00

Amount in Words - Rs. Two Hundred Only

Terms and Conditions

1.
2.
3.
4.
5.

UPI Id: Add UPI Id

Pay For – Company Name (Shop Name)

Signature