Details of Supplier

BILL FORM

Details of Receiver P.C. PC

Mobile No.

Hospital Siddharthanagar.

No. :

Date : 28/12/23

Receiver GSTIN

Quantity	Description of Product/Services	HSN Code	Rate	Amount Rs.	Amount P.
1	Chair Bolding			150	

Thank You

E. & O. E.

TOTAL 150/-

- Goods once sold will not be taken back.
- Interest @18% P.A. will be charged if it is not paid presentation.

SIGNATURE