Details of Supplier

BILL FORM

Details of Receiver DCDC District
HosPital SDN Mobile No.

No. :
Date : 24/4/24
Receiver GSTIN

Quantity	Description of Product/Services	HSN Code	Rate	Amount Rs.	P.
(1)	Acid 2 letter/4 Botul	4	80/4	320/-	
(2)	HarPic	1	120'	120/-	
(3)	Fenail 5 Letter/2 Botl	2	300	600/-	
(4)	MoP with Handel	2	80'	160/-	
			TOTAL	1200/-	

Thank You

Sangam

E. & O. E.

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

SIGNATURE