

Name:

City , Address:

Phone No:

Bill No.

Date:

| Sr # | Product | Qty | Price | Amount |
|--------------------------|---------|-----|-------------------|--------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Cashier: _____ | | | Total | |
| | | | Discount | |
| | | | Net Amount | |
| | | | Payment | |
| | | | Balance | |