

No. ....

Tax Invoice Bill Date: ...../...../.....

# AL AMIN PVT. LTD.

Address: 154/132, Agrabad, Chattogram

Mobile: +88 01789499829

Name: .....

Address: ..... Date: .....

Mob: ..... Email: .....

Sl. No.	Description	QTY	Rate	Amount
			Total	
			Due Tk.	
			Total	

In word:

Signature