SALES ORDER

**Original For Recipient**

Phone No: {{Heading PH}} | Email: {{Heading EM}}

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Billing Detail** | | **SO No. SO\_No** | | | | **SO Date SO\_DT** | | |
| **Cust\_name**  NELLORE, Andhra Pradesh India  **GSTIN/UIN :** | | | | | | **Mobile: Cust\_Ph**  Destination Dest  Reference Ref | | |
| **S No** | **Description** | **HSN / SAC** | **Qty** |  | **Item Rate** | **Amount** | **Disc** | **Taxable** |
| S\_no | Product-1 |  | Product-1\_qty |  | Product-1\_rate | Product-1\_amt | Product-1\_disc | Product-1\_taxable |
|  |  | **Total** | **Ttl\_qty** |  |  | **Ttl\_amt** | Ttl\_disc | **Ttl\_taxable** |
| **Bill Amount In Words : amt\_in\_word**  **Tax Amount In Words : Tax\_in\_word**  **Ninety Only Remark : SO\_No** | | | | | | **Sub Total ttl\_amt**  Discount Amt Ttl\_disc  Round Off 0.00  **Bill Total Ttl\_taxable** | | |
| **Party Old Balance** | | |
| **Net Total** | | |
| Declaration:  We declare that this invoice shows the actual price of the goods / services described and that all particulars are true and correct.  **Authorised Signatory**  **Page :** 1/1 | | | | | | | | |