

Bill For Customer						
Name : First Customer		Address : Xyz			Phone : 7894561232	
SR NO .	Name .	QTY .	QTY TYPE .	UNIT PRICE .	GST .	AMOUNT .
1	SMT_MEDICINE	1	Pieces	200	10 10	220
2	ABC_MEDICINE	1	Pieces	300	10 10	320
3	TEST_MEDICINE	1	Pieces	200	10 10	220
Total : 760						