							Office :
Brokerage Bill							
M/s: Station: Gst No.:	5	State :				BillNo: Date: From: To:	
Date	Name of Seller & Buyer	Station	Item Name	Qty	Weight	Rate	Brokerage
Bank Deta	il:		Total We	ight		Gross Total :	
Ot Net							
Amt in Words :							
Authorised Signatory							