**Business Name** LOGO

> Address: GSTIN:

Sales Estimate **Customer Details** 

**Transport Details** Receipt Doc No.: Name: Estimate No: Address: Estimate Date: Dispatch Through: Contact: Place of Supply: Agent Name: **GSTIN:** Vehicle Number:

No.	Product Name	HSN Code	QTY	UOM	MRP	Disc. %	Rate	Taxable Value	CGST %	CGST 1	SGST %	SGST 1	Total
1	Product Name	1234	10	KG	500	10%	450	4500	9%	405	9%	405	5310

## **Banking Details**

Bank Name: **Gross Total:** IFSC Code: **GST** Amount:

**Additional Charges:** Account No:

Account Holder Name: **Net Total:** 

UPI ID: Amount in Words:

## Terms & Conditions

Your terms and conditions go here...

For (Business Name)

Signature