

XEROX BILL

Your Shop Name / Business Name

Address: _____

Contact: _____

GSTIN: _____

Invoice No.: _____

Date: ____ / ____ / ____

Customer Name: _____

Address: _____

Sl. No.	Description	Qty (Pages)	Rate (Rs.)	Amount (Rs.)
1				
2				
3				
4				
Total (Rs.):				

Payment Mode: ☐ Cash ☐ UPI ☐ Bank Transfer ☐ Other: _____

Received By: _____

Thank you for your business!

Authorized Signature: _____