

[Your Business Name]

[Business address, City, State – PIN]
GSTIN: [Your GSTIN] Phone: [] Email: []

CASH BILL

Bill No: _____
Date: _____

BILL TO

[Name]
[Address, City, State]
GSTIN: []

S.No	Item / Description	Qty	Rate	Amount
1				
2				
3				
4				
5				
6				
7				
8				

Total ₹ _____

Terms & Conditions: []

For [Your Business Name] — Authorised Signatory