

Grocery Store Name

Address: _____

Phone: _____

Date: _____

Bill No: _____

Customer Details

Name: _____

Contact: _____

Sl.No	Item Name	Qty	Rate	Amount
1	_____	____	_____	_____
2	_____	____	_____	_____
3	_____	____	_____	_____

Sub Total	_____
Discount	_____
Tax	_____
Grand Total	_____
Received	_____
Balance	_____

Thank you for shopping with us!
(This is a computer generated bill.)