YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0001 Date: ____ / ____ / _____

Name: _____

SN	Item	Qty	Rate	Wt / Unit	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Total Rs. _____

For Your Shop

Goods once sold will not be taken back. Please check items and change at the counter.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0002 Date: ____ / ____ / _____

Name: _____

SN	Item	Qty	Rate	Wt / Unit	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Total Rs. _____

For Your Shop

Goods once sold will not be taken back. Please check items and change at the counter.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0003 Date: ____ / ____ / _____

Name: _____

SN	Item	Qty	Rate	Wt / Unit	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Total Rs. _____

For Your Shop

Goods once sold will not be taken back. Please check items and change at the counter.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0004 Date: ____ / ____ / _____

Name: _____

SN	Item	Qty	Rate	Wt / Unit	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Total Rs. _____

For Your Shop

Goods once sold will not be taken back. Please check items and change at the counter.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0005 Date: ____ / ____ / _____

Name: _____

SN	Item	Qty	Rate	Wt / Unit	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Total Rs. _____

For Your Shop

Goods once sold will not be taken back. Please check items and change at the counter.

Authorised Signatory

YOUR SHOP NAME

Address, City - PIN
Ph: 98765 43210

No. 0006 Date: ____ / ____ / _____

Name: _____

SN	Item	Qty	Rate	Wt / Unit	Amount
1					
2					
3					
4					
5					
6					
7					
8					

Total Rs. _____

For Your Shop

Goods once sold will not be taken back. Please check items and change at the counter.

Authorised Signatory