LOGO

DR XYZ
Address : 123, BBB Complex, Area, MY City,
Pincode – 000000
Mob : +91 9xxxx xxxxx
GST Number : 27XXXXXXXXXXX

Bill Number : it is mandatory

Date : it is mandatory

SAC : 996111 (keep as it is)

To,
Avantee Ayurvedeeya Chikitsaalaya,
Patil Plaza, Near Parvati, Pune
GST : 27ALLPM3103A1ZN (keep as it is)

Payout Details For Period – 01 MonthName 20xx To 28/29/30/31 MonthName 20XX

Commission Payout Amount	Rs . 0000.00
GST @ 18%	Rs. 000.00
Total	Rs. 0000.00

(Amounts in INR)

Amount In Words :

Rs xx Thousands xx Hundreds xx and xx Paisas only

Signature & Rubber stamp