Your business name

Address

GSTIN

Phone

FREIGHT BILL

BILL TO

Name

Address

GSTIN

Bill No.

Date

Place of supply

Reverse charge

#	LR NO.	DATE	FROM	TO	VEHICLE	PKGS	WEIGHT	FREIGHT

AMOUNT IN WORDS

TERMS / NOTES

Sub-total

Round off

Total

For

Authorised signatory

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