Sample Restaurant

123 Main Street, City, Country • +123 456 7890
GSTIN: XX1234567890 • www.example.com

BILL TO:

Customer Name

Table: #12

Date: __ / __ / ____

Time: __:__

Served By: Waiter Name

Bill No: 001234

Payment Mode: _____

No. of Guests: __

#	Item Description	Qty	Rate	Amount
1	Sample Item 1	2	150.00	300.00
2	Sample Item 2	1	100.00	100.00

Subtotal	400.00
Tax (5%)	20.00
Service Charge	20.00
Grand Total	**440.00**
Amount Paid	
Balance	

Thank you for dining with us!
No returns will be entertained after bill settlement.