[Business Name]
[Business Address 1]
[City], [State] [Postal Code]

[Business Phone Number]
[Business Email Address]

Retail Invoice

Bill To [Business Name]
[Business Address 1]
[City], [State] [Postal Code]

[Business Phone Number]
[Business Email Address]

Invoice Number 2001321
Date 6/5/2017

Description	Quantity	Unit price	Amount
Product XYZ	1	Rs. 10	Rs. 10
Product YXZ	5	Rs. 15	Rs. 75
Product name	1	Rs. 0	Rs. 0
Product name	1	Rs. 0	Rs. 0
		Total	Rs. 85