Cheque No.	**Cheque date**	**Bill No.**
________	__/__/____	2288

FORM CB3

VOUCHER

Voucher Reference No: 545
Please pay to Mr/Mrs/Miss. 1000.00

Sl. No.	Details (Account Head Wise)	Account Code	Amount
	PAYMENT SIDE		
1	KIIFB test bill,Smpms-A722		1000.00
2	GST		0.00
	Total		**1000**
	RECEIPT ADJUSTMENT SIDE		
1	DISCOUNT(test)	KID_AC_ADJ	NaN
	Total Adjustments		0
	Round Off		0.00
	Net Amount Payable		1000.00