

Commercial Waste Disposal Bill

Bill Number:	<input type="text"/>
Date:	<input type="text"/>
Company Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Number:	<input type="text"/>

Description	Quantity (kg)	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax (if any):

Total Amount:

Authorized Signature: _____

Date: _____