

TAX INVOICE

GSTIN: _____
Invoice No.: _____
Date: _____

Supplier Details

Name: _____
Address: _____

GSTIN: _____
Phone: _____

Recipient Details

Name: _____
Address: _____

GSTIN: _____
Phone: _____

S. No.	Description of Goods/Services	HSN/SAC	Qty	Unit	Rate	Amount	Taxable Value	IGST (%)	CGST (%)	SGST (%)

Total Taxable Value _____
Add: IGST _____
Add: CGST _____
Add: SGST _____
Grand Total _____

Amount in Words: _____

Declaration:

We declare that this invoice shows the actual price of the goods/services described and that all particulars are true and correct.

Authorized Signatory

Company Seal
