

Tax Invoice

Supplier (Billed By):

Name: _____
Address: _____
GSTIN: _____
State: _____ Code: _____
Contact: _____

Recipient (Billed To):

Name: _____
Address: _____
GSTIN: _____
State: _____ Code: _____
Contact: _____

Invoice No.: _____
Date: _____
Place of Supply: _____
Reverse Charge (Y/N): _____

S.No.	Description of Goods/Services	HSN/SAC	Qty	Unit	Rate	Amount	Taxable Value	CGST %	CGST Amt	SGST/UTGST %	SGST/UTGST Amt	IGST %	IGST Amt	Total
1														
2														
						Total								

Amount in words: _____

Declaration:

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

For _____

Authorised Signatory
