

Goods and Services Tax Invoice

Supplier Name

Address

GSTIN

Invoice Number

Invoice Date

Place of Supply

Bill To

Address

GSTIN / UIN

Ship To

Address

State, State Code

#	Description of Goods/Services	HSN/SAC	Qty	Unit	Rate	Amount	Taxable Value	GST Rate	GST Amount

Sub Total	
CGST	
SGST / IGST	
Total Invoice Value	

Amount in Words

Remarks

Authorised Signatory