

# Tax Invoice

**Supplier Details**

Name:  
Address:  
GSTIN:  
Contact:

Invoice No.:  
Invoice Date:  
Due Date:

**Bill To**

Name:  
Address:  
GSTIN:  
Contact:

**Ship To**

Name:  
Address:  
GSTIN:  
Contact:

#	Description of Goods/Services	HSN/SAC	Qty	Unit	Rate	Amount	Taxable Value	CGST %/ Amount	SGST %/ Amount	IGST %/ Amount	Total
Subtotal											
Total Invoice Value (in INR)											

**Amount in Words:**

**Bank Details:**

Account Name:  
Account Number:  
IFSC Code:  
Bank Name & Branch:

**Declaration:**

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

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Authorised Signatory