

Supplier Name / Company

Address Line 1

Address Line 2

State, PIN Code

GSTIN:

Contact:

TAX INVOICE**Invoice No.:****Invoice Date:****Place of Supply:****Bill To**

Customer Name

Address Line 1

Address Line 2

State, PIN Code

GSTIN:

Ship To

Name / Company

Address Line 1

Address Line 2

State, PIN Code

Sr. 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
Total														

Gross Value	Tax Amount	Invoice Total (INR)	

Amount in Words:**Bank Details:**

Bank Name:

Account Number:

IFSC:

Branch: _____

Authorized Signatory

Declaration: Certified that the particulars given above are true and correct.
This is a computer-generated invoice.