

# GST TAX INVOICE

Company Name	
Address	
GSTIN	
Contact	

Invoice No.	
Date	
Place of Supply	
Reverse Charge	
Due Date	

Bill To	Ship To
Name:	Name:
Address:	Address:
GSTIN:	GSTIN:

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

Subtotal	
Total CGST	
Total SGST/UTGST	
Total IGST	
Grand Total	

**Bank Details:**

Bank Name:

Account Name:

Account Number:

IFSC:

**Declaration:**

We declare that this invoice shows genuine prices and that all particulars are true and correct.

For

Authorised Signatory

