

# Invoice

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**BILL TO:**

**Business Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**INVOICE #**

\_\_\_\_\_

**DATE**

\_\_\_/\_\_\_/\_\_\_

**INVOICE DUE DATE**

\_\_\_/\_\_\_/\_\_\_

ITEMS	DESCRIPTION	QUANTITY	PRICE	TAX	AMOUNT
1	_____	_____	₹ _____	_____%	₹ _____
2	_____	_____	₹ _____	_____%	₹ _____
3	_____	_____	₹ _____	_____%	₹ _____
4	_____	_____	₹ _____	_____%	₹ _____
5	_____	_____	₹ _____	_____%	₹ _____
6	_____	_____	₹ _____	_____%	₹ _____

**Terms & Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL**

₹

\_\_\_\_\_