

INVOICE

Invoice No.:
Invoice Date.:

Company Name:

Address:

Email ID:

GSTIN.:

PAN No.:

Billing To:

Name:

PAN No.:

Address:

Payment Mode:

Payment Date:

Phone No.:

Email ID:

| SR No. | Description | HSN Code | QTY. | Rate | Amount |
|--------|-------------|----------|------|------|--------|
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| | | | | | |

Terms & conditions:

SubTotal

1

CGST @

2

SGST @

3

Balance Received:

4

Balance Due:

5

Total

Total Amount in Word

Seal & Signature