

Company Name:	
Address:	
Phone No.:	Email ID:
GSTIN No.:	State:

TAX INVOICE

Bill Details Party Name: Address: Phone No.: Email ID: GSTIN No.: State:	Invoice Details Invoice No.: Invoice Date: Time: Place of Supply: PO Date: PO Number:
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Sl. No.	Item Name	HSN/SAC	Batch No.	Exp. Date	MRP	QTY	Unit	Price/Unit	Disc	GST Rate	GST Amt	Amount
	Total											

Description:	Sub Total
	Discount
Invoice Amount In Words:	Total Amount
	Received
Terms and Conditions:	Balance Amount:
	Company Seal & Signature