Company/Seller Name: Address :								
Phone Email I GSTIN State:	ID:							
Tax Invoice								
Bill To: Name: Address:					Shipping To:			
Contact No.: GSTIN No.: State:					Invoice No.: Date:			
#	Item name	HSN/SAC	Quantity	Unit	Price/ Unit	Discount	GST	Amount
	T. (.)							
	Total							
Amount in words:					Sub Total:			
					Discount: SGST			
					CGST			
					Total			
					Received			
					Balance			
Company seal and Sign								
Company seal and Sign								