

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

Tax Invoice

Bill To:	Site /Location:
Name:	Name:
Address:	Address:
Contact No.:	Contact No.
GSTIN No.:	Invoice No.:
State:	Date:

#	Description	HSN	QTY	Unit	Price/Unit	Disc	GST	Amount
Total								

Amount in words:	Sub Total:
	Discount:
Company seal and Sign	SGST
	CGST
	Total
	Balance