Addre	e No.: I ID: N:							
			Tax	κ In	voice			
Bill To: Name: Address:					Site /Location: Name: Address:			
Contact No.: GSTIN No.: State:					Contact No Invoice No Date:	D.:		
#	Description	HSN	QTY	Unit	Unit	Disc	GST	Amount
	Total							
					0.1.	•		
Amount in words:					Sub Total: Discount:			
Amount in words:					SGST			
					CGST			
					Total			
				,	Balance			
Company seal and Sign								