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| **Company Name:**  Address: Phone no.: Email ID: | |  |  | **LOGO** | | |
| **Freelancer Invoice Format** | | | | | | |
| **Bill To:** | |  |  | Place of Supply: **Invoice No.: Date:** | | |
| Customer Name  **Address:** | |
| Contact No.: GSTIN Number: State: | |
|  | | | | | | |
| **SL. No.** | **Item Name** | **HSN/SAC** | **Quantity** | **Price/Unit** | **Discount** | **Amount** |
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| **Total** | | |  |  |  |  |
|  | | | | | | |
| **Description:**  **Invoice Amount In Words:** | |  |  | Sub Total Discount Total Received  Balance | | |
| **Pay To:-**  Bank Name: | |  | | |
| Bank Account No.: | |  | | |
| Bank IFSC code: | |  | | |
| Account Holder Name: | |  | | |
|  | | Authorized Signature | | |