|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total** |  |  |  |  |
|  |
| **Description:****Invoice Amount In Words:** |  |  | Sub Total Discount Total ReceivedBalance |
| **Pay To:-**Bank Name: |  |
| Bank Account No.: |  |
| Bank IFSC code: |  |
| Account Holder Name: |  |
|  | Authorized Signature |