Address :							
Phone No.:							
Email ID:							
GSTIN:							
State:							
		Ta	ax I	nvoid	ce		
Bill To:	Shipping To:						
Name:							
Address:							
Contact No.:	Invoice No.:						
GSTIN No.:				Date:			
State:							
# Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount
Total							
Total  Amount in	ı words:			Sub To	otal:		
	ı words:			Sub To	tal:		
	ı words:				ıtal:		
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