

Company/Seller Name:

Address :

Phone No.:

Email ID:

GSTIN:

State:

Tax Invoice

Bill To:

Name:

Address:

Contact No.:

GSTIN No.:

State:

Shipping To:

Invoice No.:

Date:

#	Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount
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Total

Amount in words:

Sub Total:

Discount:

SGST

CGST

Total

Received

Balance

Company seal and Sign