

Company Name:		Invoice No.:	
Address:		Date:	
Phone No.:			

Tax Invoice

Bill To:	Ship To:
Billing Address:	Shipping Address:
Phone No.:	Phone No.:

Sl. No.	Item Name	HSN/SAC	Quantity	Unit	Price/Unit	GST	Amount
Total							

INVOICE AMOUNT IN WORDS	Sub Total:
	Discount:
	SGST :
	CGST :
	Total:

Terms and Conditions	Received
	Balance
	Seal & Signature