Company Name: Address:					Invoice No.: Date:				
Phone No.:									
Tax Invoice									
Bill To:			ShipTo:						
Billing Address:	Shipping Address:								
Phone No.:			Phone No.:						
Sl. No.	Item Name	HSN/SAC	Quantity	Unit	Price/Unit	GST	Amount		
Tota	al								
INVOICE A	AMOUNT IN WOR	DS	l		Sub Total: Discount: SGST: CGST: Total:				
Terms	and Conditions				Received				
			•		Balance				
					Sea	ıl & Signa	ature		