

Company/Seller Name:	LOGO
Address :	
Phone No.:	
Email ID:	
GSTIN:	
State:	

Tax Invoice

Bill To: Name: Address: Contact No.: GSTIN No.: State:	Shipping To: Invoice No.: Date:
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#	Item name	HSN	QTY	Unit	Price/Unit	Disc	GST	Amount
Total								

	<table border="1" style="width: 100%;"> <tr style="background-color: #e1eef6;"><td>Sub Total:</td><td> </td></tr> <tr><td>Discount:</td><td> </td></tr> <tr><td>SGST</td><td> </td></tr> <tr><td>CGST</td><td> </td></tr> <tr style="background-color: #c5cae9;"><td>Total</td><td> </td></tr> <tr><td>Received</td><td> </td></tr> <tr><td>Balance</td><td> </td></tr> </table>	Sub Total:		Discount:		SGST		CGST		Total		Received		Balance	
Sub Total:															
Discount:															
SGST															
CGST															
Total															
Received															
Balance															
Amount in words:															
Company seal and Sign															