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

Tax Invoice

Bill To:	**Shipping To:**	
Name:		
Address:		
	Transportation Details :	
	Mode Of Transport:	
	Gross Weight :	
Contact No.:	Net Weight :	
GSTIN No.:	**Invoice No.:**	
State, Country:	**Date:**	

#	Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount
Total								
No of Containers :								

Sub Total:	
Packaging Fee	
Delivery Fee	
Discount:	
SGST	
CGST	
Total	
Received	
Balance	

Amount in words:

Terms & Conditions:

Company seal and Sign