Company/Seller Name:									
Addr	ess:								
	ne No.:								
Emai									
GSTI									
State	):								
				_ <u>_</u> _	_				
Tax Invoice									
Bill To:					Shipping To:				
Name:									
Address:									
					Transportation Details :				
					Driver Name:				
					Driver Mobile No.:				
Contact No.:					Vehicle Number:				
GSTIN No.:					Invoice No	).:			
State:					Date:				
#	Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount	
	Total								
				1	Sub Total:				
Amount in words:				1	Packaging Fee				
				1	Delivery Fee				
				1	Discount:				
				1	SGST				
				1	CGST				
				1	Total				
				ĺ	Received				
Terms & Conditions:				1	Balance	Balance			
					Company seal and Sign				
				1	Company seal and Sign				