Company/Seller Name:

Address :

Phone No.:

Email ID:

GSTIN:

State:

Tax Invoice

Bill To:	**Shipping To:**	
Name:		
Address:		
Contact No.:	**Invoice No.:**	
GSTIN No.:	**Date:**	
State:		

#	Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount
Total								

Amount in words:

Company seal and Sign

Sub Total:	
Discount:	
SGST	
CGST	
Total	
Received	
Balance	