Company/Seller Name: Address:									
Phon Emai GSTI State	IN:								
Taxlaraica									
Tax Invoice									
Bill To:					Shipping To:				
Name:									
Address:									
Contact No.:					Invoice No.:				
GSTIN No.: State:					Date:				
State.									
#	Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount	
	Total								
Total									
					Sub Tot				
					Discount:				
Amount in words:					SGST CGST				
					Total				
				ł	Received Balance				
				İ					
Company seal and Sign									
	Oompany coar an	la Olgii		i					