

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

## Tax Invoice

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

	<b>Sub Total:</b>
<b>Amount in words:</b>	Discount:
	SGST
	CGST
	<b>Total</b>
	Received
	Balance

Company seal and Sign