Com	pany/Seller Name:								
Addr	ess:								
	e No.:								
Emai									
GSTI									
State); 								
			_	_					
Tax Invoice									
Bill To:					Shipping To:				
Name:									
Address:									
Contact No.:									
GSTIN No.:					Invoice No.:				
State:					Date:				
#	Item name	HSN	QTY	Unit	Price/ Unit	Disc	GST	Amount	
	Total								
					1			·	
			Sub Total:						
Amount in words:					Delivery Fee				
					Discount:				
					SGST				
					CGST				
					Total				
					Balance				
Company seal and Sign									
	Transport of the second of								