Addro Phon Emai GSTI	e No.: I ID: N:								
State	1								
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								
	Total								
					Sub Tot	al·			
Amount in words:					Delivery Fee				
					Discount:				
					SGST				
					CGST				
					Total				
					Balance				
Company seal and Sign									