Company/Seller Name: Address :				
	Ta	w la	\/ \	20
Phone No.: Email ID: GSTIN: State:	Id	x In	VOI	Je
Bill To: Name: Address:		Shipping To:	:	
Contact No.: GSTIN No.: State:		Invoice No.: Date:		
# Item name HSN/SAC Quantity Unit	Price/ Unit	Discount	GST	Amount
Total				
	0 1 7 1	•		
Amount in words:	Sub Tot Discount:	al:		
	SGST			
	CGST			
	Total			
	Received			
	Balance			