

TAX INVOICE

Seller name, address GSTIN: State / code:	Invoice no: Invoice date: Place of supply: Reverse charge (Y/N):
Bill to (name, address) GSTIN: State / code:	Ship to (name, address)

Sr	Description	HSN/SAC	Qty	Rate	Taxable value	GST %	CGST	SGST	IGST	Total
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
	Total									

Amount in words:
Bank details / UPI:

Terms and conditions	For (seller name) Authorised signatory
-----------------------------	---