

GSTIN

COMPANY NAME

PHONE

Address:

INVOICE		No.		Original for Recipient		Duplicate for Supplier / Transporter		Triplicate for Supplier		
Reverse Charge: Invoice Date: State:				Transport By: Date Supply:		Vehicle Number: Place of Supply:				
<div style="border: 1px solid black; display: inline-block; padding: 2px;">State Code:</div>										
Details of Receiver Billed To:					Details of Consignee Shipped To:					
Name: Address: GSTIN:					Name: Address: GSTIN:					
<div style="border: 1px solid black; display: inline-block; padding: 2px;">State Code:</div>							State:		<div style="border: 1px solid black; display: inline-block; padding: 2px;">State Code:</div>	
S. No.	Particulars	HSN ACS	UOM	Qty.	Rate	Amount	Taxable Value	Total		
Total:										
Total Invoice Amount in Words:						Total Amount Before Tax:	Rate:	Amount:		
						Add: CGST				
						Add: SGST				
						Add: IGST				
						Tax Amount GST:				
Bank Details Bank Account Number: Bank Branch IFSC Code:						Tax Amount After Tax:				
						GST Payable on Reverse Charge:				
Terms and Conditions:						Certified that the particulars given above are true and correct.				
(Common Seal)						Authorised Signatory				