TAX INVOICE

Bill No.: _____

Date: _____

Your Business Name

Address · Phone

GSTIN: _____

LOGO

CUSTOMER

Name: _____

Phone: _____

S.No	Item	Size	Colour	Qty	Rate (₹)	Amount (₹)	GST %	GST (₹)

AMOUNT IN WORDS

_____

BANK & UPI DETAILS

Bank name: _____

A/c no.: _____

IFSC: _____

UPI ID: _____

UPI QR

Taxable Value	₹
CGST	₹
SGST	₹
Total	**₹**

TERMS & NOTES

Exchange within 7 days with the bill and tags intact.

No exchange on sale items.

For Your Business Name

_____

Authorised Signatory

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