LOGO

Your Business Name

Address · Phone · Email

GSTIN: _____

TAX INVOICE

Bill No. _____ **Date** _____

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, unworn and in the original box.

No exchange on sale items.

For Your Business Name

_____

Authorised Signatory