TAX INVOICE

Invoice No.: _____

Invoice Date: _____

Place of Supply: _____

Supply Type: Intra-state / Inter-state

Your Business Name

Address · Phone

GSTIN: _____

LOGO

BILL TO

Customer Name: _____

Address: _____

GSTIN (if registered): _____

State: _____

S.No	Description	HSN/SAC	Qty	Rate (₹)	Taxable Value (₹)	GST %	GST Amount (₹)	Total (₹)

AMOUNT IN WORDS

_____

BANK & UPI DETAILS

Bank name: _____

A/c no.: _____

IFSC: _____

UPI ID: _____

UPI QR

Total Taxable Value	₹
CGST	₹
SGST	₹
IGST	₹
Grand Total	**₹**

TERMS & NOTES

Goods once sold will be exchanged within 7 days with this invoice. Subject to local jurisdiction.

For Your Business Name

_____

Authorised Signatory

Free format from runkarobar.com