LOGO

Your Business Name

Address · Phone · Email

GSTIN: _____

TAX INVOICE

Invoice No.	Invoice Date	Place of Supply	Supply Type
			Intra-state / Inter-state

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

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