LOGO

Your Business Name

Address · Phone · Email

GSTIN: _____

PROFORMA INVOICE

Proforma No.	Date	Valid Until

BILL TO

Customer Name: _____

Address: _____

GSTIN: _____

Phone: _____

S.No	Item / Description	HSN/SAC	Qty	Rate (₹)	Amount (₹)

AMOUNT IN WORDS

_____

Subtotal	₹
GST Rate (%)	%
GST Amount	₹
Total	**₹**

BANK & UPI DETAILS

Bank name: _____

A/c no.: _____

IFSC: _____

UPI ID: _____

UPI QR

TERMS & NOTES

1. This is a proforma invoice, not a tax invoice.
2. Advance payment: ___% to confirm the order.
3. Goods will be dispatched after payment is received.

For Your Business Name

_____

Authorised Signatory

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