

**Company Name**

Address Line 1

City, State ZIP

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: info@company.com

GSTIN: \_\_\_\_\_

**PROFORMA INVOICE**

**Invoice No:** \_\_\_\_\_

**Date:** \_\_ / \_\_ / \_\_\_\_

**Bill To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

GSTIN: \_\_\_\_\_

Sl. No.	Description of Goods	HSN/SAC	Qty	Unit	Unit Price	Total
1						
2						

<b>Subtotal</b>	_____
<b>Tax (%)</b>	_____
<b>Grand Total</b>	_____

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory