

Company Name

Address Line 1
Address Line 2
GSTIN: XXXXXXXXXXXXZ
State: State Name, Code: 00
Contact: +91-XXXXXXXXXX

Tax Invoice

Invoice No.: INV-0001
Date: DD/MM/YYYY
Place of Supply: State Name
Reverse Charge: No

Bill To:
Customer Name
Customer Address Line 1
Customer Address Line 2
GSTIN: XXXXXXXXXXXXZ
State: State Name, Code: 00

Ship To:
Customer Name
Customer Address Line 1
Customer Address Line 2
GSTIN: XXXXXXXXXXXXZ
State: State Name, Code: 00

#	Item Description	HSN/SAC	Qty	Unit Price	Taxable Value	CGST %	CGST Amt	SGST/UTGST %	SGST/UTGST Amt	IGST %	IGST Amt	Total
1	Sample Item Name	1234	1	0.00	0.00	0	0.00	0	0.00	0	0.00	0.00

Sub Total:	0.00
Add: CGST	0.00
Add: SGST/UTGST	0.00
Add: IGST	0.00
Total Invoice Value	0.00

Amount in Words: Zero Rupees Only.

Notes:
- Goods once sold will not be taken back.
- All disputes subject to jurisdiction of City.

Customer's Signature
For Company Name

Authorised Signatory

