TAX INVOICE

Supplier Details: Name: Address: GSTIN/UIN: State Name: State Code:	**Invoice No:** **State of Supply:** **Reverse Charge (Y/N):** **Vehicle Number:**	**Date:** **Place of Supply:** **Transport Mode:** **Date of Supply:**

Details of Receiver | Bill to:	**Details of Consignee | Ship to:**
Name: Address: GSTIN/UIN: State Name: State Code:	Name: Address: GSTIN/UIN: State Name: State Code:

S.No	Description of Goods/Services	HSN/SAC	Qty	Unit	Rate	Taxable Value	CGST		SGST/UTGST		IGST		Total
							Rate	Amt	Rate	Amt	Rate	Amt	
		Total					**X**		**X**		**X**		

Total Invoice Amount in Words:

Bank Details for Payment:	**Terms & Conditions:**
Bank Name: Account No: IFSC Code: Branch: Receiver's Signature	1. 2. **For** Authorized Signatory