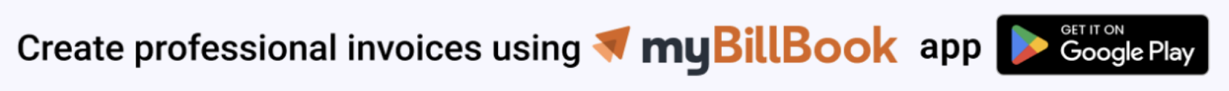
|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Invoice** | | | | | | |
| **Company Name:**  Address:  Phone no.:  Email ID: | | | | | | |
|  | | | | | | |
| **Bill To:** | | | | | | |
| Customer Name | | | | | | |
| **Address:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Contact No.: | | |  | Place of Supply: | |  |
| GSTIN Number: | | |  | **Invoice No.:** | |  |
| State: | | |  | **Date:** | |  |
|  | | | | | | |
| **SL. No.** | **Item Name** | **HSN/SAC** | **Quantity** | **Price/Unit** | **Discount** | **Amount** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total** | | |  |  |  |  |
|  | | | | | | |
| **Description:** | | | | Sub Total: |  | |
|  | | | | Discount: |  | |
| **Invoice Amount In Words:** | | | | Total: |  | |
|  | | | | Received: |  | |
|  | | | | Balance: |  | |

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