|  |
| --- |
|  **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: |  |

 