

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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