Bill Number :

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| --- | --- |
| Tax Invoice | |
| Address :    GSTIN : |  |
| Billing To | |

Name : Address :

Phone No :

|  |  |  |  |
| --- | --- | --- | --- |
| S.No | Particulars | GST | Amount |
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| Amount in words: | | Total : |  |
| GST : |  |
| Grand Total : |  |

Note :

