

Tax Invoice

[Your Company Name]

[Your Company Slogan Here]

Address:

Invoice No.: 001/2018-19

Invoice Date: 13-12-2018

PO Ref. No.
Po Date:
Payment Terms:

GSTIN:

Buyer : [Name] Delivery Address : [Name]

[Company Name][Company Name][Street Address][Street Address][City, ST ZIP Code][City, ST ZIP Code]

GSTIN: (Compulsory registered person)

GSTIN: (if exist)

Sr.no.	Description	HSN	Qty	Unit Price	Total
			0	0.00	0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

Total Tax Amount In Words:

Discount : 0.00
Taxable Value : 0.00

Subtotal

CGST: 0.00

0.00

SGST: 0.00 IGST: 0.00

Total INR -

Total Invocie Amount in Words:

Tax Payable by Receipient (if Reverse Charge basis)

Authorized Signatory