

# INVOICE

<b>Sample</b> Sample Address GSTIN/UIN: 06ABIFS3901K1Z3 State Name : Maharashtra, Code : 27		Invoice No.		Dated		
		<b>5</b>		<b>1-Apr-21</b>		
		Delivery Note		Mode/Terms of Payment		
		Reference No. & Date.		Other References		
Consignee (Ship to) <b>Cash</b> State Name : Maharashtra, Code : 27		Buyer's Order No.		Dated		
		Dispatch Doc No.		Delivery Note Date		
		Dispatched through		Destination		
Buyer (Bill to) <b>Cash</b> State Name : Maharashtra, Code : 27						
SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Paracetamol</b> 5 2					<b>20.00</b>
2	<b>Bactrim</b> 2 3					<b>40.00</b>
3	<b>Cetirizine</b> 8 1					<b>30.00</b>
Total						<b>₹ 90.00</b>
Amount Chargeable (in words) <b>INR Ninety Only</b>						<i>E. &amp; O.E</i>
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.		<b>for Sample</b>  Authorised Signatory				

This is a Computer Generated Invoice