

INVOICE

Company Name:

Address:

Email ID:

GSTIN:

PAN No:

Billing To:

Name:

Address:

Phone No:

Email ID:

SR No.	Description
1	Mobile
2	Laptop
3	Earphones
4	TV
5	Fridge

Terms & Conditions:

1

2

3

4

5

Total Amount in Word



Invoice No.:

Invoice Date.:



PAN No.:

Payment Mode.:

Payment Date.:

	HSN Code	QTY.	Rate	Amount
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	AB156	41	23000	943000
	DD854	15	45000	675000
	DSF469	80	400	32000
	RED566	25	32000	800000
	HCW184	32	42000	1344000

	SubTotal	3794000
	CGST @	227640
	SGST @	227640
	Balance Received:	1500000
	Balance Due:	2749280
	Total	4249280

Seal & Signature