

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
	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

	<p>Seal & Signature</p>
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