

# COMPANY INVOICE

Invoice #: TEST001

Date: 2023-04-23

Customer Name: Test Customer

Phone: 1234567890

Address: Test Address

## Items:

#	Item	HSN Code	Qty	Rate	Amount
1	Test Product	1234	2	■100.00	■200.00

Subtotal: ■200.00

Tax (18%): ■36.00

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**Total: ■236.00**

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*Thank you for your business!*

Terms & Conditions: 1. Goods once sold cannot be returned. 2. Payment due within 30 days. 3. All disputes are subject to local jurisdiction.