

TAX INVOICE

Mob. No: E-Mail: GSTIN/UIN: State Name: ()	Invoice No.	Dated
	Challan No.	Challan Date
	Purchase Order No.	Purchase Order Date
Bill To GSTIN/UIN: State Name: () Contact:	Vehicle No.	
	Dispatched through	Destination
	Terms of Delivery	

Sr. No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	Per	Amount
Sub Total:							0.00
CGST (0.0%):							0.00
SGST (0.0%):							0.00
Total Amount:							0.00

Amount Chargeable (in words): E. & O.E.

We declare this invoice shows the actual price of the goods described and that all particulars are true and correct.	Company's Bank Details Bank Name: A/c No.: Branch & IFSC Code: &
Customer's Seal and Signature	for Authorized Signatory

This is a Computer Generated Invoice