

Your Company Name Pvt Ltd

Address Line 1 City, State - 400001
Email: info@yourcompany.com | Phone: +91-9876543210
GST: 27AAAAA0000A1Z5

TAX INVOICE

Invoice Number: INV-2025-0001 Invoice Date: 12-Dec-2025
Due Date: 12-Dec-2025 Payment Method: UPI

BILL TO:

Company A
test
Udhana Surat
Email: siddiquiadi249@gmail.com
Phone: 1234564569

#	Description	Qty	Rate	Amount
1	New License	1	Rs. 84.75	Rs. 84.75

Subtotal: Rs. 84.75
GST (18%): Rs. 15.25

Total Amount: Rs. 100.00

Notes:
Thank you for your business!

This is a computer-generated invoice. No signature required.
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