

INVOICE

Billing Address:

xcb

Your Company Name

123 Business Park,
City, State ZIP
GSTIN: 1234567890ABCDE
Phone: 1234567890
Invoice Number: 1234567890
Invoice Date: 2025-06-06
Order Number:- 1234567890
Order Date: 2025-06-06
Payment Method:

Product	SKU	HSN	Qty	Rate	Item Total
p1	p1		1	₹ 2.00	₹ 2.00

Grand Total: ₹ 2.00