

# 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	12.00	12.00

**Grand Total: 12.00**