

Your Company Name

Company Address Line 1
Company Address Line 2
City, State, ZIP

INVOICE

Invoice No.	12345	Date	01-01-2023
Buyer Name	John Doe	Buyer Address	123 Elm Street, City, State, ZIP

Description of Goods	HSN/SAC	Quantity	Rate	Amount
Product 1	1234	10	100.00	1000.00

Total Amount: INR 1000.00

Thank you for your business!
For any queries, please contact us at info@yourcompany.com