TAX INVOICE





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GSTIN/UIN

State Name

Code

CONSIGNEE

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GSTIN/UIN 2

State Name Code

BUYER . A%% ,

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GSTIN/UIN

State Name

\$\$**+Code** \$\$2@

TERMS OF DELIVERY

INVOICE NO.
E-WAY NO.
INVOICE DATE
DELIVERY NOTE
MODE/TERMS OF PAYMENT
SUPPLIER'S REF
OTHER REFERENCE(S)
ORDER DATE

DISPATCH DOCUMENT NO.
DELIVERY NOTE DATE
DISPATCHED THROUGH

DESTINATION

BILL LANDING/LR-RR NO.

MOTOR VEHICLE NUMBER

S/N DESCRIPTION OF GOODS	HSN/SAC QUANTITY	PRICE AMOUNT
)	*	+
, / 0 + / 0 + / 10 % - \$ &&+ 3		2+ 2 1
4 - * % " 3" 5 6 7	8 " 9 : * - % " " 39	- ·

S/N	HSN/SAC	TAXABLE VALUE	INTEGRATED TAX	TOTAL TAX
	*	+	0 ; 0 ; 10	2+
	3			2+
	3 4 - 5	6 7	: * - \$ " *- \$%"\$ * % 9 %	. " " 39

DISCLAIMER