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Company Name

Lo	ogo	Company Address								
G	STIN:	l		Loc	ation:					
	Tax Invoice									
	voice No: Cust. ID: Name: Address:		Type: Days: Due Date:		GSTIN: POS:	Date:				
Sr.	Product ID	Product Description	HSN	MRP	Qty	Taxable Value	GST%	CGST & SGST / IGST	Amount	
R	emarks:						Total			
Remarks:		Summary								
			Tax	able Amount						
						CGST				
Issue Cheque in favor of Company Name				SGST						
				IGST						
			Inv	oice Amount						
		Accountant's Signature				omer's Signa	ture			
Thank You. Visit Again.										