

Tax Invoice**Supplier**

Name:
Address:
City: State:

GSTIN:

PAN:

Contact No:

Email ID:

Consignee

Name: EdProwise Tech Pvt. Ltd
Address:
City: State:
Contact No.: Email ID:
Buyer:
Name: EdProwise Tech Pvt. Ltd
Address:
City: State:

Invoice No.

Invoice Date:

Payment Terms

Advance Amount Received:

GSTIN

Buyer GSTIN

PAN

Buyer PAN

All Amount are in INR

S.L.	Description	Qty	Rate	Taxable Value	GST Amt	Total Amount
1	School Bench	100	100000	95625	11953	124382

Amount in Words: N/A