

# Your Optical Clinic

Address Line 1, City  
Phone: 9999999999  
GSTIN: 32XXXXXXXXXX

## TAX INVOICE

Invoice No: 25

Date: 16-02-2026

Customer: -

Phone: -

Sl	Item	HSN	Qty	Rate	Taxable	GST %	GST Amt	Total
1	lens		1	200.0	200.00	0.00	0.00	200.00

Taxable Value : 200.00

CGST : 0.00

SGST : 0.00

**Grand Total : 200.00**

Authorized Signature