

TAX INVOICE

GLOBAL ENT

City: -, - -

GSTIN/UIN:

State Name:

Email:

Mobile:

Invoice No: INV-TEST-9651	Dated: 26/12/2025
Delivery Note: -	Mode/Terms of Payment: Immediate
Reference No. & Date: -	Other References: -
Buyer's Order No. -	Dated -
Dispatch Doc No. -	Delivery Note Date -
Dispatched through -	Destination -
Terms of Delivery -	

BUYER (BILL TO) TEST CUSTOMER City: GSTIN/UIN: State Name:

CONSIGNEE (SHIP TO) TEST CUSTOMER City: GSTIN/UIN: State Name:

SR.	DESCRIPTION OF GOODS	HSN/SAC	QTY	RATE	PER	DISC.	AMOUNT
1	Test Item	-	10	100.00	Nos	-	1,000.00

	TOTAL	1,000.00
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Amount Chargeable (in words): Indian Rupees One Thousand Rupees Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
Total	1,000.00	-	0.00	-	0.00	0.00

<u>Bank Details</u>
Bank:
A/c No.:
IFSC:
Declaration:
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

FOR GLOBAL ENT

Authorised Signatory