

TAX INVOICE

| GLOBAL ENT | | Invoice No: INV-TEST-9651 | | Dated: 26/12/2025 | | | | |
|--|----------------------|---|---------|-------------------------------------|--------|------------------|-------|------------------------------|
| City: - , - - GSTIN/UIN: State Name: Email: | | Delivery Note: - | | Mode/Terms of Payment: Immediate | | | | |
| Mobile: | | 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 |
| 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 | | |
| Bank Details | | FOR GLOBAL ENT | | | | | | |
| 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. | | _____ Authorised Signatory | | | | | | |