

Your Company Name

123 Your Street,
Your Town
Address Line 3
(+91) 1111111111
test@example.com

INVOICE

29-07-2019
Invoice #INV-1017
Att: abc

Dear abc

Please find below a cost-breakdown for the recent work completed. Please make payment at your earliest convenience, and do not hesitate to contact me with any questions.

Many thanks,
Your Name

#	Items	Qty	Unit Price	Total (INR)
1	Testing product	1	1,500.00	1,500.00
2				-
3				-
4				-
5				-
Subtotal :				1,500.00
Discount :				- 35.00
SGST (15%) :				+ 225.00
CGST (12%) :				+ 180.00
IGST (12%) :				+ 180.00
Total :				2,050.00 (INR)

PAYMENT TERMS AND POLICIES

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