## **Your Company Name**

**INVOICE** 

123 Your Street, Your Town Address Line 3 (+91) 111111111 test@example.com

27-07-2019 Invoice #INV-1005

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	10	1,500.00	15,000.00
2				-
3				-
4				-
5				-
Sub	total:			15,000.00
Disc	count:			- 50.00
SGS	ST (15%) :			+ 2,250.00
CGS	ST (12%):			+ 1,800.00
IGS	T (12%) :			+ 1,800.00
Tota	al:			20,800.00 ( INR )

## **PAYMENT TERMS AND POLICIES**

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