

TAX INVOICE

Original for recipient / Duplicate for transporter / Triplicate for supplier (tick one)

Supplier (your business)

Name

Address

GSTIN

State, code

Invoice no.

Invoice date

Place of supply

Reverse charge?

Bill to (customer)

Name

Address

GSTIN

State, code

Ship to (if different)

Name

Address

State, code

Sr	Description of goods or services	HSN/SAC	Qty	Unit	Rate (Rs)	Taxable value (Rs)	GST %	CGST (Rs)	SGST (Rs)	IGST (Rs)	Amount (Rs)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
Total											

Amount in words

Round off

Invoice total (Rs)

Bank details

Terms

For (your business name)

Authorised Signatory