TAX INVOICE

Seller / Supplier Details

Name: _____
Address: _____
GSTIN: _____
State: _____

Invoice No.: _____
Invoice Date: _____
Place of Supply: _____

Bill To / Buyer

Name: _____
Address: _____
GSTIN: _____
State: _____
Reverse Charge (Y/N): _____

PO / Ref.: _____

#	Description	HSN/SAC	Qty	Rate	Disc%	Taxable	GST%
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Amount in Words:

_____

_____

Subtotal _____

Total GST _____

GRAND TOTAL _____

Bank / UPI Details

_____

_____

Terms & Conditions

_____

_____

Authorised Signatory

_____

Rule 46 CGST Rules 2017 fields included. Enter GST Rate as 18, 12, 5 or 0.