Invoice

1. GSTIN
2. Name
3. Address
4. Serial No. of Invoice
5. Date of Invoice

Details of Receiver (Billed to)
Name
Address
State
State Code
GSTIN/Unique ID

Details of Consignee (Shipped to)
Name
Address
State
State Code
GSTIN/Unique ID

Sr. No.	Description of Goods	HSN	Qty.	Unit	Rate (per item)	Total	Discount	Taxable value	CGST		SGST		IGST	
									Rate	Amt.	Rate	Amt.	Rate	Amt.
Freight Insurance Packing and Forwarding Charges														
	Total													
Total Invoice Value (In figure) Total Invoice Value (In Words) Amount of Tax subject to Reverse Charges														

Declaration:

Signatory

Signature

Name of the

Designation / Status

Date -