Your business name

Address

GSTIN

Phone

TAX INVOICE

ORIGINAL FOR RECIPIENT

BILL TO

Name

Address

GSTIN

Invoice No.

Date

Place of supply

Reverse charge

Due date

#	ITEM	HSN/SAC	QTY	UNIT	RATE	DISC %	GST %	AMOUNT

AMOUNT IN WORDS

TERMS / NOTES

Taxable value

CGST

SGST

Round off

Total

For

Authorised signatory

Free template from **billinginfo.in**