TAX INVOICE

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

Supplier		**Document details**	
Name		Invoice No. (max 16 characters)	
Address		Invoice date	
GSTIN		Reverse charge (Yes / No)	
State and code		Supply type	
		Place of supply (State name and code)	

Bill to (recipient)	**Ship to (address of delivery, if different)**
Name:	Name:
Address:	Address:
GSTIN / UIN (if registered):	State and code:
State and code:	

No.	Description of goods or services	HSN / SAC	Qty	Unit (UQC)	Rate	Amount	Discount	Taxable value	GST rate %	CGST	SGST / UTGST	IGST	Cess rate %	Cess	Total
1															
2															
3															
4															
5															
6															
7															
	Total														

Round off	
Grand total	

Amount in words:

Declaration: we declare that this invoice shows the actual price of the goods or services described and that all particulars are true and correct.

For (supplier name)

Authorised signatory

Free template from PaisaBill (www.paisabill.in). Check the requirements for your business with your CA.