

Name of Company

Reg Office: _____

State: Maharashtra / State Code:

GSTIN/Unique ID:

Invoice

Invoice No: _____

Date: DD-MM-YYYY

Client: XYZ Co. Ltd

Client Location: Mumbai

Client Address:

State: Maharashtra

State Code: _____

GSTN / Unique ID:

Place of Supply:

Sr No	SAC/ HSN	Particulars	Gross Value
1			
2			
3			
Total			
CGST@			
SGST@			
IGST@			

In Word

Kindly Find the same in order and remit an amount of _____ Rs.

PAN No: _____

TAN NO: _____

For _____

Authorized Signatory

ORIGINAL FOR RECEIPT