|  |  |  |
| --- | --- | --- |
|  | Company Name | **INVOICE** |
| **Address : -** | **INVOICE DATE : -****Invoice No. : -****Ref Id : -****DUE DATE : -** |
| **GSTIN :** |
|  |
| **BILL TO** |  | **SHIP TO** |
| **Company Name** |  | **Company Name** |
| Address : - |  | Address: |
| State | State |
| Phone : | Phone : |
| **GSTIN :** | **GSTIN :** |
|  |
| **SHIPING NO.** | **SHIPING DATE** | **SHIPING VIA** | **DELIVERY EXPECT DATE** |
|  |  |  |  |
|  |
| **SL NO.** | **DESCRIPTION** | **HSN NO.** | **QTY.** |  | **RATE** |  | **TOTAL** |
| 1 | ITEM NAME 1 | 0 | 0 | Rs. 0.00 | **Rs. 0.00** |
| 2 | ITEM NAME 2 | 0 | 0 | Rs. 0.00 | **Rs. 0.00** |
| 3 | ITEM NAME 3 | 0 | 0 | Rs. 0.00 | **Rs. 0.00** |
| 4 | ITEM NAME 4 | 0 | 0 | Rs. 0.00 | **Rs. 0.00** |
| 5 | ITEM NAME 5 | 0 | 0 | Rs. 0.00 | **Rs. 0.00** |
| **TOTAL Rs. 0.00** |
| **SGST @ 12%****CGST @ 12%****DISCOUNT @ 0%** | **Rs. 0.00****Rs. 0.00****Rs. 0.00** |
| **PAYABLE AMOUNT Rs. 0.00** |
| **Note: -****Total payment due in 14 days.****Please inclue Include the Invoice number in your payment notes.** |  |
| **Authorized Sign.** |
| If you have any queries for this Invoice please contact**[+91XXXXXXXXXX],** **example@mail.com** |
| **Thank You For Your Business** |
| **Created by Pice** |