

If u wish can post your Logo Otherwise kept blank		Tax Invoice YOUR COMPANY NAME YOUR COMPLETE BUSINESS ADDRESS LINE -1 YOUR COMPLETE BUSINESS ADDRESS LINE - 2 email ID: web site :													
		Your Gstin Number:									Transportation Mode: (Apply for Supply of Goods only)				
		Tax Is Payable On Reverse Charge: (Yes/No)									Veh.No :				
		Your Invoice Serial Number:									Date & Time of Supply:				
Your Invoice Date:									Place OF Supply:						
Details of Receiver (Billed to)									Details of Consignee (Shipped to)						
Name: Address : State: State Code : GSTIN / UIN Number:									Name: Address : State: State Code : GSTIN / UIN Number:						
S.No	Description of Goods	HSN Code (GST)	Qty	UQC	Rate	Total	Discount	Taxable value	CT		ST / UT		IT		
									Rate	Amount	Rate	Amount	Rate	Amount	
						₹ -	₹ -	₹ -		₹ -		₹ -		₹ -	
										₹ -		₹ -		₹ -	
Invoice Value (In Words)									Total						
									Freight Charges						
									Loading and Packing Charges						
									Insurance Charges						
									Other Charges						
									Invoice Total						
Amount of Tax Subject to Reverse Charge										₹ -		₹ -		₹ -	
Certified that the Particulars given above are true and correct									Electronic Reference Number :						
YOUR TERM & CONDITION OF SALE									YOUR COMPANY NAME						
									Signature: _____						
									Authorised Signatory						
									Name: Designation:						

* Unique Quantity Code

* Central tax (CT), State tax (ST), integrated tax (IT), Union territory tax (UT)

*** Draft Invoice as per Rule

Manner of issuing invoice

(1) The invoice shall be prepared in triplicate, in case of supply of goods, in the following manner:–

- (a) the original copy being marked as ORIGINAL FOR RECIPIENT;
- (b) the duplicate copy being marked as DUPLICATE FOR TRANSPORTER; and
- (c) the triplicate copy being marked as TRIPLICATE FOR SUPPLIER.

(2) The invoice shall be prepared in duplicate, in case of supply of services, in the following manner:-

- (a) the original copy being marked as ORIGINAL FOR RECIPIENT; and
- (b) the duplicate copy being marked as DUPLICATE FOR SUPPLIER.

(3) The serial number of invoices issued during a tax period shall be furnished electronically through the Common Portal in FORM GSTR-1.

EXPORT INVOICE

"SUPPLY MEANT FOR EXPORT ON PAYMENT OF Integrated Tax" / "SUPPLY MEANT FOR EXPORT UNDER BOND WITHOUT PAYMENT OF Integrated Tax"
(As case may be)

If u wish can post your
Logo Otherwise kept
blank

YOUR COMPANY NAME

YOUR COMPLETE BUSINESS ADDRESS LINE -1 YOUR COMPLETE BUSINESS ADDRESS LINE - 2

email ID:

web site :

Your Gstin Number:

Transportation Mode: (Apply for Supply of Goods only)

Tax Is Payable On Reverse Charge: (Yes/No)

Veh.No :

Your Invoice Serial Number:

Date & Time of Supply:

Your Invoice Date:

Place OF Supply:

Details of Receiver (Billed to)

Name:

Address :

Destination Country Name:

ARE- 1 Number:

ARE - 1 Date:

Details of Consignee (Shipped to)

Name:

Address :

Destination Country Name:

S.No	Description of Goods	HSN Code (GST)	Qty	UQC	Rate	Total	Discount	Taxable value	CT		ST / UT		IT		
									Rate	Amount	Rate	Amount	Rate	Amount	
						₹ -	₹ -	₹ -		₹ -		₹ -		₹ -	
										₹ -		₹ -		₹ -	
Invoice Value (In Words)									Total						₹ -
									Freight Charges						₹ -
									Loading and Packing Charges						₹ -
									Insurance Charges						₹ -
									Other Charges						₹ -
									Invoice Total						₹ -
Amount of Tax Subject to Reverse Charge										₹ -		₹ -		₹ -	
Certified that the Particulars given above are true and correct								Electronic Reference Number :							
YOUR TERM & CONDITION OF SALE								YOUR COMPANY NAME							
								Signature: _____							
								Authorised Signatory							
								Name: Designation:							

* Unique Quantity Code

* Central tax (CT), State tax (ST), integrated tax (IT), Union territory tax (UT)

*** Draft Invoice as per Rule

"SUPPLYMENTRY INVOICE / DEBIT NOTE / CREDIT NOTE"

(As case may be)

If u wish can post your
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YOUR COMPANY NAME

YOUR COMPLETE BUSINESS ADDRESS LINE -1 YOUR COMPLETE BUSINESS ADDRESS LINE - 2

email ID:

web site :

Your GSTIN Number:

Tax Is Payable On Reverse Charge: (Yes/No) Your SI/DN/CN Serial Number:

Date:

Transportation Mode: (Apply for Supply of Goods only)

Veh.No :

Date & Time of Supply: Place OF Supply:

Details of Receiver (Billed to)

Details of Consignee (Shipped to)

Name: Address : State:

State Code :

GSTIN / UIN Number:

Name: Address : State

State Code :

GSTIN / UIN Number:

S.No	Description of Goods	HSN Code (GST)	Qty	UQC	Rate	Total	Discount	Taxable value	CT		ST / UT		IT		
									Rate	Amount	Rate	Amount	Rate	Amount	
						₹ -	₹ -	₹ -		₹ -		₹ -		₹	-
						</									

Invoice Value (In Words)

Total	₹	-
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Freight Charges	₹	-
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Loading and Packing Charges	₹	-
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Insurance Charges	₹	-
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Other Charges	₹	-
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Invoice Total	₹	-
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		₹	-
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Amount of Tax Subject to Reverse Charge

Electronic Reference Number :

Certified that the Particulars given above are true and correct

Declaration

This SI/DN/CN is issued in adjustment to Original Invoice No:

Original Invoice Dated

YOUR TERM & CONDITION OF SALE

YOUR COMPANY NAME

Signature:

Authorised Signatory

Name:

* Unique Quantity Code

* Central tax (CT), State tax (ST), integrated tax (IT), Union territory tax (UT)

*** Draft Invoice as per Rule