

	Original For Receipt
	Duplicate for Supplier/Transporter
	Triplicate for Supplier

Reverse Charge	:		Transportation Mode	:	
Invoice No.	:		Vehicle Number	:	
Invoice Date	:		Date of Supply	:	
State	:	State Code	:	Place of Supply	:

Details of Receiver Billed to:				Details of Consignee Shipped to:			
Name	:			Name	:		
Address	:			Address	:		
GSTIN	:			GSTIN	:		
State	:	State Code	:		State	:	State Code

[illegible]

Total Invoice Amount in Words:		Total Amount Before Tax	:	
		Add : CGST	:	
		Add : SGST	:	
		Add : IGST	:	
		Tax Amount : GST	:	
		Total Amount After Tax	:	
GST Payable on Reverse Charge		:		
		Certified that the particulars given above are true and correct.		
		(Common Seal)		