												Original F			
					H			oplier/Trans	porter						
Rev	erse Charge :							Transport	ation M	lode :		Triplicate	101 SUE	pilei	
	ice No. :														
Invoice Date :							Vehicle Number : Date of Supply :								
Stat		de :	Place of Supply :												
	Details	Details of Consignee Shipped to:													
N															
Name : Address :								Name Address							
Addi	ress .				Address		•								
GSTIN :								GSTIN	GSTIN :						
				State Co	Code :		State :				State Code :				
	<u> </u>	uo .		· Otate of				uo .							
Sr. No.	Name of Day door (Oam)	HSN ACS	иом	Otre	Rate	A	Less	: Taxable	CGST		SGST		IGST		Total
No.	Name of Product / Service	ACS	UOIVI	Qty	Rate	Amount	Discou			Amount	Rate	Amount	Rate	Amount	
			Total :												
			iotal:												
<u> </u>															
	1	otal Inv	voice A	moun	t in Wor	ds:			Total Amount Before Tax :						
										CGST			:		
			Add:SGST :												
			Add:IGST:												
<u> </u>			Tax Amount : GST :												
			Total Amount After Tax :												
			GST	Payable or	Reve	rse Charg	e :								
			_												
									Certi	tied that th	e partio	culars give	n above	e are true ar	nd correct.
1															
(Common Seal															