

Original For Receiptient

Duplicate for Supplier/Transporter

Triplicate for Supplier

Details of Receiver | Billed to:

Details of Consignee | Shipped to:

Name :
Address :

GSTIN :
State :

State Code :

Name :
Address :

GSTIN :
State :

State Code :

Sr. No.	Name of Product / Service	HSN ACS	UOM	Qty	Rate	Amount	Less: Discount	Taxable Value	CGST		SGST		IGST		Total
									Rate	Amount	Rate	Amount	Rate	Amount	
			Total :												

Total Amount Before Tax :

Add : CGST :

Add : SGST :

Add : IGST :

Tax Amount : GST :

Total Amount After Tax :

GST Payable on Reverse Charge :

(Common Seal)