							Duplica	I For Receipien te for Supplier/ te for Supplier		
Serial Number : Date of Issue :				State : State Code :						
Details of Receiver Billed to:				Details of Consignee Shipped to:						
Name : Address :				Name : Address :						
GSTIN / UIN : State :	State Code	State Code :			GSTIN / UIN : State :			State Code :		
Sr. Name of Product / Serv	Name of Product / Service		UOM	Qty Rate		Amount Less: Discount		Value of Supply		
	Total :									
Total Invoice Amount in Words:										
		(c	ommon Se	al)						