								Origina	I For Receipier	1	
						Original For Receipient Duplicate for Supplier/Transporter					
Seri	al Number :		Triplicate for Supplier State :								
	Date of Issue :					State Code :					
			Details of Occasions a LONG and the								
Details of Receiver Billed to: Name :					Details of Consignee Shipped to: Name :						
Address :			Addre								
GSTIN / UIN : State : State Code		Chata Cada			GSTIN / UIN : State :			State Code :			
State : State Code		State Code	:		State		:	State	Code :		
Sr. No.	Sr. Name of Product / Service			UOM	Qty Rate		Amo	unt	Less: Discount	Value of Supply	
	Tota	l:									
Total Invoice Amount in Words:											
			(Common Seal)								