									Origin	al For Receipier	Transporter		
										ate for Supplier	Transporter		
	Serial Number :						State:						
Dat	Date of Issue :						State Code :						
Details of Receiver   Billed to:						Details of Consignee   Shipped to:							
Nar	Name :						Name :						
Address:							Address :						
GSTIN / UIN:							GSTIN / UIN:						
		State Code:	<b>;</b> :			State :			State Code :				
Sr. No.	Name of Product / Service		HSN ACS	UON	/1	Qty	Rate	Amo	ount	Less: Discount	Value of Supply		
	Total :												
Total Invoice Amount in Words:													
ista in side / another in Fronds.													
				( Common Seal )									