	☐ Original For Receipient ☐ Duplicate for Supplier/Transporter ☐ Triplicate for Supplier

Serial Number : Date of Issue :	State : State Code :

Details of Receiver | Billed to:	Details of Consignee | Shipped to:
Name : Address : GSTIN / UIN : State : State Code :	Name : Address : GSTIN / UIN : State : State Code :

Sr. No.	Name of Product / Service	HSN ACS	UOM	Qty	Rate	Amount	Less: Discount	Value of Supply
	Total :							

Total Invoice Amount in Words:

	(Common Seal)	