Document No. :									Against Invoice / Bill of Supply						
Date of Issue :								Against Invoice / Bill of Supply No. :							
State : State Code								Date of Invoice / Bill of Supply :							
Details of Receiver Billed to:								Details of Consignee Shipped to:							
Name :						Name				:					
Address :						Address		:							
GSTIN :								GSTIN							
State : State						ode :	State :			Sta	State Code :				
									0007						
Sr. No.	Name of Product / Service	HSN ACS	UOM	Qty	Rate	Amount	Less Discou		CGST Rate Amount		SGST IGST Rate Amount Rate Amount			Total	
									Rute	Amount	Tute	Amount	Rate Anoun		
			Total :												
	1	Total Amount Before Tax : Add : CGST :													
			Add : CGST : Add : SGST :												
			Add : IGST :												
			Tax Amount : GST :												
					Amount		Гах	:							
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