|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Page No. 1 of 1 | |  | **Invoice** | | |  |  |  |  | | Original Copy |
| **Company Name (Shop Name)**  **Address**: New Delhi, Delhi, 110058, India.  **Mobile**: +91 XXXXXXXXXX |**Email:** [XXXXXXXXXXXXXXXXX](mailto:mymail@gmail.com)  **GSTIN** - XXXXXXXXXXXXXXX | **PAN** – XXXXXXXXXX | | | | | | | | | | Add Logo | |
| **Invoice Number Invoice Date Due date**  **Place of Supply Reverse Charge** | |  | : 0004/25-26  : 13-07-2025  : 28-07-2025  : 07 - Delhi  : No | | |  |  |  |  | |  |
| **Billing Details**  **Customer Name:**  **Address:** New Delhi, Delhi, 110058, India.  **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id | | | | | | | | | | | |
| **Shipping Details**  **Customer Name:**  **Address:** New Delhi, Delhi, 110058, India.  **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id | | | | | | | | | | | |
| **Sr.** | **Product/Service Description** | | **HSN/SAC** | **Qty** | **Unit** | **List Price** | | **Disc.** | **Tax %** | | **Amount (₹)** |
| 1 | Product/Service 01 | | 1234  4321  0987  4390 | 1.00 |  | 200.00 | | 1234  4321  0987  4390 | 0.00 | | 200.00 |
| 2 | Product/Service 02 | | 1.00 |  | 0.00 | | 0.00 | | 0.00 |
| 3 | Product/Service 03 | | 1.00 |  | 0.00 | | 0.00 | | 0.00 |
| 4 | Product/Service 04 | | 1.00 |  | 0.00 | | 0.00 | | 0.00 |
|  | Rounded Off (+) |  |  | | |  |  |  |  | | + 0.00 |
| Total | |  |  | | |  |  |  |  | | 200.00 |
| **Amount in Words - Rs. Two Hundred Only** | | | | | | | | | | | |
| **Terms and Conditions** | |  | | | | |  | | | | |
|  | | **UPI Id:** Add UPI Id | | | | | **Pay For – Company Name (Shop Name)** | | | | |
|  | |  | | | | |  | | | | |
|  | |  | | | | | **Signature** | | | | |