 Freelancer Invoice Format Original Copy

Add Logo	**Company Name -** **Address -** **GSTIN -** **Mobile:** +91 9999999999 | **Email:** company@gmail.com

Invoice Number	: 0002/25-26
Invoice Date	: 11-07-2025
Due date	: 26-07-2025
Place of Supply	: 33 - Tamil Nadu
Reverse Charge	: No

Billing Details
Company Name -
Address -
GSTIN -
Mobile: +91 9999999999 | **Email:** name@gmail.co

Sr.	Item Description	HSN/SAC	Qty	Unit	List Price	Disc.	Tax %	Amount (₹)
1	Item 1		1.00	N.A.	0.00		0.00	0.00
2	Item 2		1.00	N.A.	0.00		0.00	0.00
3	Item 3		1.00	N.A.	0.00		0.00	0.00
	Rounded Off (+)							+ 0.00
	Total							0.00

Rs. Zero Only

Terms and Conditions -
E & O.E
1. **Goods once sold will not be taken back.**
2. **Interest @ 18% p.a. will be charged if the payment for Setting Log Testing is not made within the stipulated time.**
3. **Subject to 'Delhi' Jurisdiction only.**

Account Number: 1234567890
Bank: ICICI Bank
IFSC: ICIC0001354
Branch: Jhandewalan
Name: Pankaj Kumar

For Company Name

Signature