|  |  |  |
| --- | --- | --- |
| Page No. 1 of 1 | Invoice | Original Copy |
| Add Logo | **Company Name (Shop Name)****Address:****Mobile:** +91 xxxxxxxxxx | **Email:** Add Email Id**GSTIN** - xxxxxxxxxxxxxxxx | **PAN** - xxxxxxxxxx |
| **Billing Details -****Party Name:****Address:**  **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id GSTIN: xxxxxxxxxx | PAN: xxxxxxxxxx | **Invoice Number Invoice Date Due date****Place of Supply Reverse Charge** | : 0004/25-26: 13-07-2025: 28-07-2025: 07 - Delhi: No |
| **Sr.** | **Item Description** | **IMEI NO** | **HSN** | **Qty** | **List Price** | **Disc.** | **Tax %** | **Amount (₹)** |
| 1 | Product - 01 | 1.001.001.001.00 | 1.00 | 3 | 200.00 | 50607080 | 0.00 | 200.00 |
| 2 | Product - 02 | 1.00 | 2 | 0.00 | 0.00 | 0.00 |
| 3 | Product - 03 | 1.00 | 2 | 0.00 | 0.00 | 0.00 |
| 4 | Product - 04 | 1.00 | 2 | 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:** xxxxxxxxxxxxxxx |  **For – Add Your Company Name** |
|  |  |  |
|  |  | **Signature** |

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