

Company Name (Shop Name) Address: New Delhi, Delhi, 110058, India. Mobile: +91 XXXXXXXXXX Email: XXXXXXXXXXXXXXXXXX GSTIN - XXXXXXXXXXXXXXXX PAN - XXXXXXXXXX	Invoice Number 0004/25-26	Invoice Date 13-07-2025
	Place of Supply 07 - Delhi	Due date 28-07-2025
	Reverse Charge No	

Billing Details

Name:

Address: New Delhi, Delhi, 110058, India.

Mobile: +91 xxxxxxxxxx | Email: Add email Id

Sr.	Item Description	HSN	Qty	Unit	List Price	Disc.	Tax %	Amount (₹)
1	Samsung 01	1234	1.00	Box	200.00	20	0.00	200.00
2	Samsung 02	32345	1.00	Box	0.00	30	0.00	0.00
3	Samsung 03	8765	1.00	Box	0.00	40	0.00	0.00
4	Samsung 04	8769	1.00	Box	0.00	50	0.00	0.00
Rounded Off (+)								+ 0.00
Total								200.00

Amount in Woirds - Rs. Two Hundred Only

Terms and Conditions 1. 2. 3. 4. 5.	 UPI Id - Add UPI ID	Pay For - Company Name (Shop Name) Signature
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