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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | **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**  **Customer Name:**  **Event Name & Type:**  **Event Date:**  **Address:** New Delhi, Delhi, 110058, India.  **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id  GSTIN: xxxxxxxxxxxxxxxx | | | | | **Shipping Details**  **Name:**  **Address:** New Delhi, Delhi, 110058, India.    **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id | | | | | | | |
| **S. No.** | **Product/Service Description** | | **HSN/SAC** | **Qty** | | **Unit** | **List Price** | | **Disc.** | | **Tax %** | **Amount (₹)** |
| 1 | Product/Service 01 | | 1234  32345  8765  8769 | 1.00 | | Box | 200.00 | | 20  30  40  50 | | 0.00 | 200.00 |
| 2 | Product/Service 02 | | 1.00 | | Box | 0.00 | | 0.00 | 0.00 |
| 3 | Product/Service 03 | | 1.00 | | Box | 0.00 | | 0.00 | 0.00 |
| 4 | Product/Service 04 | | 1.00 | | Box | 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** | | | | |