Invoice

Original Copy

Company Name (Shop Name)

Address: New Delhi, Delhi, 110058, India.

Mobile: +91 XXXXXXXXXX |

Email: XXXXXXXXXXXXXXXXX

GSTIN - XXXXXXXXXXXXXX | **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: xxxxxxxxxxxxxxx

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	1.00	Box	200.00	20	0.00	200.00
2	Product/Service 02	32345	1.00	Box	0.00	30	0.00	0.00
3	Product/Service 03	8765	1.00	Box	0.00	40	0.00	0.00
4	Product/Service 04	8769	1.00	Box	0.00	50	0.00	0.00

	Rounded Off (+)	+ 0.00
	Total	**200.00**

Amount in Words - Rs. Two Hundred Only

Terms and Conditions

1.
2.
3.
4.
5.

UPI Id - Add UPI ID

Pay For - Company Name (Shop Name)

Signature