

**Company Name (Shop Name)**

**Address:** New Delhi, Delhi, 110058, India.

**Mobile:** +91 XXXXXXXXXXXX | **Email:** XXXXXXXXXXXXXXXXXXXX

GSTIN - XXXXXXXXXXXXXXXX | PAN - XXXXXXXXXX

Add Logo

**Invoice Number** : 0004/25-26

**Invoice Date** : 13-07-2025

Due date : 28-07-2025

Place of Supply Reverse : 07 - Delhi

Charge : No

## Billing Details

**Customer Name:**

**Address:** New Delhi, Delhi, 110058, India.

**Mobile:** +91 xxxxxxxxxxxx | **Email:** Add email Id

## Shipping Details

**Customer Name:**

**Address:** New Delhi, Delhi, 110058, India.

**Mobile:** +91 xxxxxxxxxxx | **Email:** Add email Id

| Sr. | Item/Service Description | HSN/SAC | Qty  | Unit | List Price | Disc. | Tax % | Amount (₹) |
|-----|--------------------------|---------|------|------|------------|-------|-------|------------|
| 1   | Item 01                  | 1234    | 1.00 |      | 200.00     | 1234  | 0.00  | 200.00     |
| 2   | Item 02                  | 4321    | 1.00 |      | 0.00       | 4321  | 0.00  | 0.00       |
| 3   | Item 03                  | 0987    | 1.00 |      | 0.00       | 0987  | 0.00  | 0.00       |
| 4   | Item 04                  | 4390    | 1.00 |      | 0.00       | 4390  | 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

[illegible]

**Signature**