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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**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****Name:****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.** | **Item Description** | **HSN** | **Qty** | **Unit** | **List Price** | **Disc.** | **Tax %** | **Amount (₹)** |
| 1 | Item 01 | 12343234587658769 | 1.00 | Box | 200.00 | 20304050 | 0.00 | 200.00 |
| 2 | Item 02 | 1.00 | Box | 0.00 | 0.00 | 0.00 |
| 3 | Item 03 | 1.00 | Box | 0.00 | 0.00 | 0.00 |
| 4 | Item 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** |