Page No. 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	**Invoice Date**
0004/25-26	13-07-2025
Place of Supply	**Due date**
07 - Delhi	28-07-2025

Reverse Charge
No

Billing Details

Name:

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.	Item Description	HSN/SAC	Qty	Unit	List Price	Disc.	Tax %	Amount (₹)
1	Item/Service 01	1234	1.00	Box	200.00	20	0.00	200.00
2	Item/Service 02	32345	1.00	Box	0.00	30	0.00	0.00
3	Item/Service 03	8765	1.00	Box	0.00	40	0.00	0.00
4	Item/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