

	Reg. Office: web: www.vishvaraj.in Tel: CIN: GSTIN:
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TAX INVOICE	✓	Original for Recipient
		Duplicate for Supplier/Transporter

Reverse Charge: NO Bill Period : Invoice No. : Invoice Date : State : State Code :	Transportation Mode: Vehicle Number : Date of supply : Place of Supply:
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Details of Receiver Bill To:	Details of Consignee Shipping To:
Name: Add: GSTIN: State: State Code:	Name: Add: GSTIN: State: State Code:

Sr. No.	Name of Product / Service	HSN SAC	UOM	QTY	Rate	Amount	Less: Discount	Taxable Value	CGST		SGST		IGST		Total
									Rate	Amount	Rate	Amount	Rate	Amount	
							0.00		0.00		0.00		0.00		0.00

Total Invoice Amount in Words:	Total Amount Before Tax	0.00
	Add: CGST- 0.00 %	0.00
	Add: SGST - 0.00 %	0.00
	Add: IGST - 0.00 %	0.00
	Add: LWC	0.00
	Additional	
	Tax Amount (GST)	0.00

Bank Name : Account Name : Bank A/C No : Branch : IFSC Code : A/C Type :	Total Amount After Tax	0.00
	GST Payable on Reverse Charge -	NO
For,		