Address :

State :

State Code :

GSTIN :

Mob:

INVOICE NO.:
DATE
DM. .NO.
V.NO.
THROUGH
LR. NO.
LR. DATE

HSN CODE

1

Total Amt.:

OUTSTANDING : 0.00

Taxable Amt:

HSN	Qty.	Gst%	Gross	Cgst	Sgst	Igst	Total
Total:							

E-way Bill No-
ACK No-
IRN No-

Total Amt.:

OUTSTANDING : 0.00

Taxable Amt:

HSN	Qty.	Gst%	Gross	Cgst	Sgst	Igst	Total
Total:							

E-way Bill No-
ACK No-
IRN No-