



Company Name
Company Address

GSTIN		Invoice For Outward Supply	Invoice No.	
State		Invoice Type : Regular	Invoice Date	
PAN		Reverse Charge N.A.	Electronic Ref No.	

Buyer Name	Shipped To
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Buyer GSTIN No. :	Place Of Supply :
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Sr. No.	Description Of Goods	HSN / SAC	Quantity	Units	Rate	Amount

Owner Name		Sub Total	
Transporter Name		Freight	
Vehicle No.		Insurance	
L.R. No.		Packing Forwarding	
Delivery Challan No. & Date		Taxable Value	
P.O. No. & Date		CGST	
Total Invoice Value(In Words)		SGST	
		IGST	
		Total Invoice Value	

Terms & Conditions	
	Authorized Signatory