YOUR BRAND | COMPANY

GST REGISTERED • PROFESSIONAL SERVICES

INVOICE

SERVICE CHARGES

INVOICE NO.	INVOICE DATE	DUE DATE	PLACE OF SUPPLY

SERVICE PROVIDER	BILL TO / CUSTOMER
Business Name Business Address GSTIN Contact / Email	Customer Name Billing Address GSTIN Contact / Email

SERVICE CHARGES — ITEMIZED BILLING

SERVICE / DESCRIPTION	SAC / HSN	UNITS	RATE	DISCOUNT	TAXABLE VALUE	GST	AMOUNT

PAYMENT INFORMATION

Bank Name: _____
Account Name: _____
Account Number: _____
IFSC / Branch: _____

AMOUNT SUMMARY

Subtotal: _____
Discount: _____
Taxable Value: _____
GST / Tax: _____

GRAND TOTAL: _____

SIGNATURE

Authorized Signatory
Signature / Stamp

TERMS & CONDITIONS

Payment Terms: _____
_____