

Invoice

To,
RECEIVER (BILL TO)
Name : Damage
Billing Address : aa

Reverse Charge
Invoice No. : 200
Invoice Date : 2020-11-09

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	aaaaaa	23.00	55.00	1265.00	0.00	0.00	0.00	0.00	0.00	0.00	1265.00
Total											1265.00
Total Amt. Before Tax :											1265.00
Add : Tax1 :											0.00
Add : Tax2 :											0.00
Add : Tax3 :											0.00
Total Tax Amt. :											0.00
Total Amt. After Tax :											1265.00