

## Invoice

To,  
**RECEIVER (BILL TO)**  
Name : test  
Billing Address : test

Reverse Charge  
Invoice No. : 1234565  
Invoice Date : 2020-12-18

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	pen	1.00	10.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00
<b>Total</b>											<b>10.00</b>
<b>Total Amt. Before Tax :</b>											10.00
Add : Tax1 :											0.00
Add : Tax2 :											0.00
Add : Tax3 :											0.00
<b>Total Tax Amt. :</b>											0.00
<b>Total Amt. After Tax :</b>											10.00