

Invoice

To,
RECEIVER (BILL TO)

Name : test

Billing Address :

Reverse Charge

Invoice No. : 100

Invoice Date : 2020-12-29

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	132132	1.00	50.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
2	test	2.00	11.00	22.00	0.00	0.00	0.00	0.00	0.00	0.00	22.00
Total											72.00
Total Amt. Before Tax :											72.00
Add : Tax1 :											0.00
Add : Tax2 :											0.00
Add : Tax3 :											0.00
Total Tax Amt. :											0.00
Total Amt. After Tax :											72.00