

## Invoice

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

Reverse Charge  
Invoice No. : 1  
Invoice Date : 2021-01-17

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	prueba	1.00	400.00	400.00	19.00	76.00	0.00	4.00	0.00	0.00	476.00
2	prueba 2	2.00	300.00	600.00	5.00	30.00	0.00	0.00	0.00	0.00	630.00
<b>Total</b>											<b>1106.00</b>
<b>Total Amt. Before Tax :</b>											1000.00
Add : Tax1 :											106.00
Add : Tax2 :											4.00
Add : Tax3 :											0.00
<b>Total Tax Amt. :</b>											110.00
<b>Total Amt. After Tax :</b>											1106.00