

Invoice

To,
RECEIVER (BILL TO)
Name : TES
Billing Address : Test

Reverse Charge
Invoice No. : tes
Invoice Date : 2021-01-19

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	Tablet	1.00	3000.00	3000.00	6.00	180.00	6.00	180.00	6.00	180.00	3540.00
Total											3540.00
Total Amt. Before Tax :											3000.00
Add : Tax1 :											180.00
Add : Tax2 :											180.00
Add : Tax3 :											180.00
Total Tax Amt. :											540.00
Total Amt. After Tax :											3540.00