

Invoice

To,
RECEIVER (BILL TO)

Name : test

Billing Address : test

Reverse Charge

Invoice No. : test

Invoice Date : 2021-01-26

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	1	1.00	1.00	1.00	1.00	0.01	1.00	0.01	1.00	0.01	1.03
2	1	1.00	1.00	1.00	1.00	0.01	1.00	0.01	1.00	0.01	1.03
3	1	1.00	1.00	1.00	1.00	0.01	1.00	0.01	1.00	0.01	1.03
4	1	1.00	1.00	1.00	1.00	0.01	1.00	0.01	1.00	0.01	1.03
Total											4.12
Total Amt. Before Tax :											4.00
Add : Tax1 :											0.04
Add : Tax2 :											0.04
Add : Tax3 :											0.04
Total Tax Amt. :											0.12
Total Amt. After Tax :											4.12