

Invoice

To,
RECEIVER (BILL TO)
Name : tested
Billing Address : testing

Reverse Charge
Invoice No. : 12121
Invoice Date : 2021-03-30

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	test item	1.00	50.00	50.00	0.00	0.50	0.00	0.00	0.00	0.00	50.00
Total											50.00
Total Amt. Before Tax :											50.00
Add : Tax1 :											0.50
Add : Tax2 :											0.00
Add : Tax3 :											0.00
Total Tax Amt. :											0.50
Total Amt. After Tax :											50.00