

Invoice

To,
RECEIVER (BILL TO)

Name : ss
Billing Address : dd

Reverse Charge
Invoice No. : ss
Invoice Date : 2021-03-29

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	pro	1.00	1000.00	1000.00	10.00	100.00	20.00	200.00	30.00	300.00	1600.00
Total											1600.00
Total Amt. Before Tax :											1000.00
Add : Tax1 :											100.00
Add : Tax2 :											200.00
Add : Tax3 :											300.00
Total Tax Amt. :											600.00
Total Amt. After Tax :											1600.00