

Invoice

To,
RECEIVER (BILL TO)
Name : test
Billing Address : test address

Reverse Charge
Invoice No. : 40
Invoice Date : 2021-04-22

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	speaker	3.00	200.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	600.00
2	TV	1.00	8000.00	8000.00	0.00	0.00	0.00	0.00	0.00	0.00	8000.00
Total											8600.00
Total Amt. Before Tax :											8600.00
Add : Tax1 :											0.00
Add : Tax2 :											0.00
Add : Tax3 :											0.00
Total Tax Amt. :											0.00
Total Amt. After Tax :											8600.00