

Invoice

To,
RECEIVER (BILL TO)
Name : abc
Billing Address : abc

Reverse Charge
Invoice No. : 001
Invoice Date : 2021-07-06

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	abc	10.00	10.00	100.00	100.00	100.00	0.00	0.00	0.00	0.00	200.00
Total											200.00
Total Amt. Before Tax :											100.00
Add : Tax1 :											100.00
Add : Tax2 :											0.00
Add : Tax3 :											0.00
Total Tax Amt. :											100.00
Total Amt. After Tax :											200.00