

## Invoice

To,  
**RECEIVER (BILL TO)**

Name : test

Billing Address : tst

Reverse Charge

Invoice No. : 1001

Invoice Date : 2021-09-17

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	test	1.00	22.00	22.00	12.00	2.64	0.00	0.00	0.00	0.00	24.64
2	tst	1.00	22.00	22.00	12.00	2.64	0.00	0.00	0.00	0.00	24.64
<b>Total</b>											<b>49.28</b>
<b>Total Amt. Before Tax :</b>											44.00
Add : Tax1 :											5.28
Add : Tax2 :											0.00
Add : Tax3 :											0.00
<b>Total Tax Amt. :</b>											5.28
<b>Total Amt. After Tax :</b>											49.28