

## Invoice

To,  
**RECEIVER (BILL TO)**

Name : MOH

Billing Address :

Reverse Charge

Invoice No. : 12

Invoice Date : 2022-01-14

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	MYITEM	10.00	11.00	110.00	15.00	16.50	0.00	0.00	0.00	0.00	126.50
<b>Total</b>											<b>126.50</b>
<b>Total Amt. Before Tax :</b>											110.00
Add : Tax1 :											16.50
Add : Tax2 :											0.00
Add : Tax3 :											0.00
<b>Total Tax Amt. :</b>											16.50
<b>Total Amt. After Tax :</b>											126.50