

Invoice

To,
RECEIVER (BILL TO)

Name : test

Billing Address : test

Reverse Charge

Invoice No. : 1

Invoice Date : 2022-06-19

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	test	2.00	20.00	40.00	0.00	1.00	0.00	1.00	0.00	1.00	40.00
Total											40.00
Total Amt. Before Tax :											40.00
Add : Tax1 :											1.00
Add : Tax2 :											1.00
Add : Tax3 :											1.00
Total Tax Amt. :											3.00
Total Amt. After Tax :											40.00