

In case of goods In case of services.

Original for Recipient Original for Recipient  
 Duplicate for Transporter Duplicate for Supplier  
 Triplicate for Supplier N/A

Address.....  
 GSTIN.....

**Tax Invoice**

Invoice No.  
 Invoice date

**Billed to**  
 Name  
 Address  
 State  
 State Code  
 GSTIN/ Unique Identity Number (if registered)

**Place of delivery (only if different from POS)**  
 Name  
 Address  
 State  
 State code  
 GSTIN/Unique Identity Number

**Place of Supply (In case of inter-state supply)**  
 State (In case of inter-state supply)  
 State code

S. No.	Description of Goods/ Services	HSN/ SAC code	Qty	UoM	Rate (per item)	Gross value	Discount	Net Taxable value	Central GST		State GST/Union Territory-GST		Integrated GST		Cess	
									Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Freight																
Insurance																
Packing and Forwarding Charges																
Total																
Total Invoice value (in figure)																
Total Invoice value (in words)																
Tax under RCM is not payable for aforesaid transaction(s)																

Signature

Name of Signatory  
 Designation

Certified that the particulars given above are true and correct

In case of goods In case of services.

Original for Recipient Original for Recipient  
 Duplicate for Transporter Duplicate for Supplier  
 Triplicate for Supplier N/A

Address.....  
 GSTIN.....

**Tax Invoice**

**Invoice No.**  
**Invoice date**

**Billed to**  
 Name  
 Address  
 State  
 State Code  
 GSTIN/ Unique Identity Number (if registered)

Place of delivery (only if different from POS)  
 Name  
 Address  
 Country of destination

Application number for removal of goods for export :  
 Date of removal of goods for export :

**Place of Supply**  
 State  
 State code

S. No.	Description of Goods/ Services	HSN/ SAC code	Qty	UoM	Rate (per item)	Gross value	Discount	Net Taxable value	Integrated GST		Cess	
									Rate	Amount	Rate	Amount
Freight Insurance												
Packing and Forwarding Charges												
Total												
Total Invoice value (in figure)												
Total Invoice value (in words)												
Tax under RCM is not payable for aforesaid transaction(s)												

Declaration

"SUPPLY MEANT FOR EXPORT ON PAYMENT OF IGST" or "SUPPLY MEANT FOR EXPORT UNDER BOND OR LETTER OF UNDERTAKING WITHOUT PAYMENT OF IGST"

Signature

Name of Signatory  
 Designation

Certified that the particulars given above are true and correct

Address.....  
 GSTIN.....

**Supplementary Invoice/ Revised Invoice/ Debit Note/ Credit Note**

**Supplementary Invoice/ Revised Invoice/ Debit Note/ Credit Note**  
**Supplementary Invoice/ Debit Note/ Credit Note date**  
**Original Invoice Ref. No.**  
**Original Invoice Ref. date**

**Billed to**  
 Name  
 Address  
 State  
 State Code  
 GSTIN/ Unique Identity Number (if registered)

**Place of delivery (only if different from POS)**  
 Name  
 Address  
 State  
 State code  
 GSTIN/Unique Identity Number

**Place of Supply (In case of inter-state supply)**  
 State (In case of inter-state supply)  
 State code

S. No.	Description of Goods/ Services	HSN/ SAC code	Qty	UoM	Rate (per item)	Gross value	Discount	Net Taxable value	Central GST		State GST/Union Territory-GST		Integrated GST		Cess	
									Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Freight																
Insurance																
Packing and Forwarding Charges																
Total																
Total Invoice value (in figure)																
Total Invoice value (in words)																
Tax under RCM is not payable for aforesaid transaction(s)																

Signature

Name of Signatory  
 Designation

Certified that the particulars given above are true and correct

|

In case of goods

In case of services.

Address.....  
GSTIN.....

Original for Recipient  
Duplicate for Transporter  
Triplicate for Supplier

Original for Recipient  
Duplicate for Supplier  
N/A

Receipt Voucher

Voucher No.  
Voucher date

Received from  
Name  
Address  
State  
State Code  
GSTIN/ Unique Identity Number (if registered)

Place of Supply (In case of inter-state supply)  
State (In case of inter-state supply)  
State code

S. No.	Description of Goods/ Services	Advance Amount	Central GST		State GST/Union Territory-GST		Integrated GST		Cess	
			Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Freight										
Insurance										
Packing and Forwarding Charges										
Total										
Total advance value (in figure)										
Total advance value (in words)										
Tax under RCM is not payable for aforesaid transaction(s)										

Signature

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In case of goods In case of services.

Address.....  
GSTIN.....

Original for Recipient Original for Recipient  
Duplicate for Transporter Duplicate for Supplier  
Triplicate for Supplier N/A

**Bill of Supply**

**Bill No.**  
**Bill date**

**Billed to**  
Name  
Address  
State  
State Code  
GSTIN/ Unique Identity Number (if registered)

S. No.	Description of Goods/ Services	HSN/ SAC code	Qty	UoM	Rate (per item )	Gross value	Discount	Net value
<b>Freight</b>								
<b>Insurance</b>								
<b>Packing and Forwarding Charges</b>								
<b>Total</b>								
<b>Total value (in figure)</b>								
<b>Total value (in words)</b>								

Signature

Name of Signatory  
Designation

Certified that the particulars given above are true and correct

(Name of Consignor)

Address.....  
GSTIN..... (if registered)

Original for Consignee  
Duplicate for Transporter  
Triplicate for Consignor

**Delivery Challan**

**Challan No.**  
**Challan date**

**Details of Consignee**

Name  
Address  
GSTIN/ Unique Identity Number (if registered)

**Place of Supply (In case of inter-state movement)**

State (In case of inter-state supply)  
State code

S. No.	Description of Goods	HSN	Qty	UoM	Rate (per item)	Value of Goods

**Total**

**Total value (in figure)**

**Total value (in words)**

Signature

Name of Signatory  
Designation

Certified that the particulars given above are true and correct

Address.....  
 GSTIN..... (if registered)

Original for Recipient  
 Duplicate for Supplier

**Refund Voucher**

Refund Voucher No.  
 Refund Voucher date

**Bill to**

Name  
 Address  
 State  
 State Code  
 GSTIN/Unique ID (if registered)

S.No	Description of Goods/ services	HSN code/ SAC of services	Amount Refunded	Taxable Amount	Central GST		State GST/Union Territory-GST		Integrated GST		Compensation Cess	
					Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
	<b>Total</b>											

Total value (in figure)

Total value (in words)

Whether Reverse charge applicable (Y/N)

Declaration

Signature

Name of Signatory

Designation/Status

Electronic Reference Number

Certified that the particulars given above are true and correct



Address.....  
 GSTIN.....

**Purchase Invoice**

Purchase Invoice No.  
 Purchase Invoice date

**Supplier Details**

Name  
 Address  
 State  
 State Code  
 GSTIN/ Unique Identity Number (if registered)

**Place of delivery (only if different from POS)**

Name  
 Address  
 State  
 State code  
 GSTIN/Unique Identity Number

**Place of Supply (In case of inter-state supply)**

State (In case of inter-state supply)  
 State code

S. No.	Description of Goods/ Services	HSN/ SAC code	Qty	UoM	Rate (per item)	Gross value	Discount	Net Taxable value	Central GST		State GST/Union Territory-GST		Integrated GST		Cess	
									Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Freight																
Insurance																
Packing and Forwarding Charges																
Total																
Total Invoice value (in figure)																
Total Invoice value (in words)																
Tax under RCM is payable for aforesaid transaction(s)																

Signature

Name of Signatory  
 Designation

Certified that the particulars given above are true and correct

Address.....

GSTIN.....

**ISD Invoice**

**ISD Invoice No.**

**ISD Invoice date**

**Recipient of Credit**

Name

Address

State

State Code

GSTIN/ Unique Identity Number (if registered)

**Amount of Credit Distributed as -**

IGST

CGST

SGST

**Amount**

**Signature**

**Name of Signatory**

**Designation**

Address.....  
 GSTIN..... (if registered)

Original for Recipient  
 Duplicate for Supplier

**Payment Voucher**

**Payment Voucher No.**  
**Payment Voucher date**

**Bill to**  
 Name  
 Address  
 State  
 State Code  
 GSTIN/Unique ID

**Place of Supply (in case of a supply in course of inter state trade)**  
 State  
 State code

S.No	Description of Goods	HSN code	Amount Paid	Taxable Amount	Central GST		State GST/Union Territory-GST		Integrated GST		Cess	
					Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
	<b>Total</b>											

Total value (in figure)

Total value (in words)

Declaration

Signature

Name of Signatory

Designation/Status

**Electronic Reference Number**

**Certified that the particulars given above are true and correct**