LOGO

Company Name _____
Address _____
GSTIN / PAN _____ Contact _____

PROFORMA INVOICE

Proforma No.	Date	Valid Until	Place of Supply
State Code	**Supply Type: Intra / Inter-State**	**Reverse Charge: Yes / No**	**Currency**

BILL TO

Name / Company _____
Address _____
City / State / PIN _____
GSTIN / UIN _____
Contact / Email _____

SHIP TO (IF DIFFERENT)

Name / Company _____
Address _____
City / State / PIN _____
GSTIN / UIN _____
Contact / Email _____

#	Description of Goods / Services	HSN/SAC	Qty / Unit	Rate (INR)	Discount	GST %	Taxable Value	Line Total
1								
2								
3								
4								
5								
6								
7								
8								

BANK / PAYMENT DETAILS

Bank / Branch _____
Account Name _____
Account No. / IFSC _____
UPI / Payment Terms _____
Amount in Words _____

Subtotal (Taxable)	
CGST	
SGST / UTGST	
IGST	
Other Charges	
Round Off	
GRAND TOTAL	

TERMS & NOTES

For: _____

Authorised Signatory