TAX INVOICE

GST invoice format for a de-addiction centre

Supplier name	Your business name	**Customer name**	Customer / business name
Address	Shop/office address, city, state, PIN	**Customer address**	Billing address
GSTIN	27ABCDE1234F1Z5	**Customer GSTIN**	If registered (B2B)
Invoice no.	INV/25-26/0001	**Admission period and phase**	
Invoice date	DD/MM/YYYY	**Psychiatrist or medical officer**	
Place of supply	State name (state code)	**Registration under mental health law**	
		Therapy sessions	
		Confidential patient reference	
		Room category and daily rate	
		Payer details	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Medically supervised detox (7 days)	999311	7 DAY	3,500.00	24,500.00	0%	0.00	0.00	24,500.00
2	Residential rehabilitation programme (shared room)	999311	1 MONTH	45,000.00	45,000.00	0%	0.00	0.00	45,000.00
3	Psychiatrist review	999312	4 VISIT	1,000.00	4,000.00	0%	0.00	0.00	4,000.00
4	Family therapy session	999312	2 SESSION	1,500.00	3,000.00	0%	0.00	0.00	3,000.00
								Taxable	76,500.00
								GST	0.00
								Total (Rs.)	**76,500.00**

Inter-state sale? Replace CGST + SGST with IGST at the full GST rate.

Amount in words: _____

Bank / UPI details: _____

Declaration: We declare that this invoice shows the actual price of the goods/services described and that all particulars are true and correct.

For (Supplier name) — Authorised signatory

Free template from billingsoftware.co (Billing Software by Betterwork)