TAX INVOICE

GST invoice format for a diagnostic lab

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	**Sample or accession ID**	
Invoice date	DD/MM/YYYY	**Referring doctor**	
Place of supply	State name (state code)	**Test name with internal code**	
		Collection type (walk-in or home)	
		Report delivery date and time	
		Corporate or panel reference	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Complete blood count (CBC)	999316	1 TEST	350.00	350.00	0%	0.00	0.00	350.00
2	HbA1c (glycated haemoglobin)	999316	1 TEST	550.00	550.00	0%	0.00	0.00	550.00
3	Lipid profile	999316	1 TEST	600.00	600.00	0%	0.00	0.00	600.00
4	Thyroid profile (T3, T4, TSH)	999316	1 TEST	500.00	500.00	0%	0.00	0.00	500.00
5	Home sample collection	999316	1 VISIT	150.00	150.00	0%	0.00	0.00	150.00
								Taxable	2,150.00
								GST	0.00
								Total (Rs.)	**2,150.00**

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)