TAX INVOICE

GST invoice format for a dialysis 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	**Session dates and duration**	
Invoice date	DD/MM/YYYY	**Dialyser new or reuse count**	
Place of supply	State name (state code)	**Nephrologist**	
		Scheme or insurer	
		Vascular access type	
		Injections given during session	
		Dry weight and pre/post weight	
		Hepatitis and HIV status flag	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Haemodialysis session (4 hours)	999311	12 SESSION	1,800.00	21,600.00	0%	0.00	0.00	21,600.00
2	New dialyser and bloodline set	999311	1 NOS	1,200.00	1,200.00	0%	0.00	0.00	1,200.00
3	Nephrologist review	999312	2 VISIT	700.00	1,400.00	0%	0.00	0.00	1,400.00
4	Erythropoietin injection given during session	999311	4 NOS	900.00	3,600.00	0%	0.00	0.00	3,600.00
								Taxable	27,800.00
								GST	0.00
								Total (Rs.)	**27,800.00**

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)