TAX INVOICE

GST invoice format for an eye clinic

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	**Prescription power for each eye**	
Invoice date	DD/MM/YYYY	**Lens type and coating**	
Place of supply	State name (state code)	**Frame brand, model and colour**	
		Ophthalmologist or optometrist registration	
		Delivery date for spectacles	
		Surgery package details	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Comprehensive eye examination and refraction	999312	1 VISIT	500.00	500.00	0%	0.00	0.00	500.00
2	Single vision spectacle lenses, anti-glare (pair)	9001	1 PAIR	2,200.00	2,200.00	5%	55.00	55.00	2,310.00
3	Full-rim metal spectacle frame	9003	1 PCS	1,800.00	1,800.00	5%	45.00	45.00	1,890.00
4	Monthly disposable contact lenses (box of 6)	9001	2 BOX	900.00	1,800.00	5%	45.00	45.00	1,890.00
5	Lubricating eye drops 10 ml	3004	1 BTL	160.00	160.00	5%	4.00	4.00	168.00
								Taxable	6,460.00
								GST	298.00
								Total (Rs.)	**6,758.00**

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

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