TAX INVOICE

GST invoice format for a home nursing service

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	**Nurse's qualification and registration**	
Invoice date	DD/MM/YYYY	**Shift log**	
Place of supply	State name (state code)	**Patient condition and care plan**	
		Referring hospital or doctor	
		Equipment on rent	
		Attendant versus nurse	
		Deposit for rented equipment	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Registered nurse — 12-hour day shift	999314	10 SHIFT	1,800.00	18,000.00	0%	0.00	0.00	18,000.00
2	ICU-trained nurse — 24-hour shift	999314	5 SHIFT	3,500.00	17,500.00	0%	0.00	0.00	17,500.00
3	Wound dressing visit by nurse	999314	4 VISIT	600.00	2,400.00	0%	0.00	0.00	2,400.00
4	Oxygen concentrator rental (monthly)	9019	1 MONTH	4,000.00	4,000.00	5%	100.00	100.00	4,200.00
								Taxable	41,900.00
								GST	200.00
								Total (Rs.)	**42,100.00**

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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