# TAX INVOICE

*GST invoice format for a homeopathy 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 | **Case number** | |
| **Invoice date** | DD/MM/YYYY | **Homeopathic council registration** | |
| **Place of supply** | State name (state code) | **Course duration** | |
| | | **Medicines included or charged separately** | |
| | | **Mode of consultation** | |
| | | **Patient name and age** | |

| # | Description | HSN/SAC | Qty | Rate | Taxable | GST | CGST | SGST | Total |
|---|---|---|---|---|---|---|---|---|---|
| 1 | First consultation with detailed case-taking | 999312 | 1 VISIT | 800.00 | 800.00 | 0% | 0.00 | 0.00 | 800.00 |
| 2 | Follow-up consultation with 15-day medicines dispensed | 999312 | 1 VISIT | 600.00 | 600.00 | 0% | 0.00 | 0.00 | 600.00 |
| 3 | Homeopathic mother tincture 30 ml (retail) | 3004 | 1 BTL | 140.00 | 140.00 | 5% | 3.50 | 3.50 | 147.00 |
| 4 | Biochemic tablets 25 g (retail) | 3004 | 2 BTL | 110.00 | 220.00 | 5% | 5.50 | 5.50 | 231.00 |
| | | | | | | | | Taxable | 1,760.00 |
| | | | | | | | | GST | 18.00 |
| | | | | | | | | **Total (Rs.)** | **1,778.00** |

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)