TAX INVOICE

GST invoice format for an imaging and radiology 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	**Scan type and body part**	
Invoice date	DD/MM/YYYY	**Contrast used**	
Place of supply	State name (state code)	**Referring doctor**	
		Reporting radiologist	
		PCPNDT Form F reference	
		Film or CD and report delivery	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	X-ray chest PA view	999316	1 NOS	400.00	400.00	0%	0.00	0.00	400.00
2	Ultrasound whole abdomen	999316	1 NOS	1,200.00	1,200.00	0%	0.00	0.00	1,200.00
3	CT scan brain, plain	999316	1 NOS	2,800.00	2,800.00	0%	0.00	0.00	2,800.00
4	MRI knee with contrast	999316	1 NOS	7,500.00	7,500.00	0%	0.00	0.00	7,500.00
5	Duplicate report and images on CD	999316	1 NOS	200.00	200.00	0%	0.00	0.00	200.00
								Taxable	12,100.00
								GST	0.00
								Total (Rs.)	**12,100.00**

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

Free template from billingsoftware.co (Billing Software by Betterwork)