TAX INVOICE

GST invoice format for an ivf 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	**Cycle number and stage**	
Invoice date	DD/MM/YYYY	**ART clinic registration**	
Place of supply	State name (state code)	**Couple's names and IDs**	
		Package inclusions	
		Advance received and balance	
		Embryo or gamete storage period	
		Embryologist and lab reference	
		Cancelled or converted cycle note	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	IVF cycle package — stimulation monitoring, egg retrieval, ICSI, embryo transfer	999312	1 CYCLE	150,000.00	150,000.00	0%	0.00	0.00	150,000.00
2	Embryo freezing and storage (first year)	999312	1 YEAR	25,000.00	25,000.00	0%	0.00	0.00	25,000.00
3	Follicular monitoring ultrasound	999316	4 NOS	1,000.00	4,000.00	0%	0.00	0.00	4,000.00
4	Ovarian stimulation injection (pre-filled pen), take-home	3004	3 PCS	4,800.00	14,400.00	5%	360.00	360.00	15,120.00
								Taxable	193,400.00
								GST	720.00
								Total (Rs.)	**194,120.00**

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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