TAX INVOICE

GST invoice format for a medical oxygen supplier

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	**Cylinder serial numbers**	
Invoice date	DD/MM/YYYY	**Capacity and fill pressure**	
Place of supply	State name (state code)	**Purity and batch certificate**	
		Drug licence for medical gases	
		Cylinder deposit	
		Empty cylinders returned	
		Delivery vehicle and time	
		Hospital store acknowledgement	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Medical grade oxygen, B-type cylinder refill (6.8 m³)	28044010	20 CYL	350.00	7,000.00	5%	175.00	175.00	7,350.00
2	Medical grade oxygen, small cylinder refill (1.5 m³)	28044010	10 CYL	150.00	1,500.00	5%	37.50	37.50	1,575.00
3	Oxygen concentrator 5 LPM (sale)	9019	1 PCS	42,000.00	42,000.00	5%	1,050.00	1,050.00	44,100.00
4	Oxygen flow meter with humidifier	9019	2 PCS	1,800.00	3,600.00	5%	90.00	90.00	3,780.00
								Taxable	54,100.00
								GST	2,705.00
								Total (Rs.)	**56,805.00**

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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