TAX INVOICE

GST invoice format for a nursing home

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	**Admission and discharge date and time**	
Invoice date	DD/MM/YYYY	**Room category and daily rate**	
Place of supply	State name (state code)	**Delivery or surgery package**	
		Baby's details for maternity	
		Treating and visiting doctors	
		Insurance or cashless authorisation	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Normal delivery package (2 days, semi-private)	999313	1 NOS	35,000.00	35,000.00	0%	0.00	0.00	35,000.00
2	Paediatrician visit — newborn	999312	2 VISIT	800.00	1,600.00	0%	0.00	0.00	1,600.00
3	Nursing charges	999314	2 DAY	1,000.00	2,000.00	0%	0.00	0.00	2,000.00
4	Deluxe room upgrade (■5,500 per day, non-ICU)	999311	2 DAY	5,500.00	11,000.00	5%	275.00	275.00	11,550.00
5	Iron and calcium tablets sold at discharge (strip of 10)	3004	4 STRIP	90.00	360.00	5%	9.00	9.00	378.00
								Taxable	49,960.00
								GST	568.00
								Total (Rs.)	**50,528.00**

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)