TAX INVOICE

GST invoice format for a pharma distributor

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	**Seller and buyer drug licence numbers**	
Invoice date	DD/MM/YYYY	**Batch number**	
Place of supply	State name (state code)	**Manufacturing and expiry date**	
		MRP and PTR	
		Manufacturer / marketed by	
		Scheme / free quantity	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Paracetamol 650 mg tablets (strip of 15)	3004	200 STRIP	22.40	4,480.00	5%	112.00	112.00	4,704.00
2	Amoxicillin and potassium clavulanate 625 mg tablets (strip of 10)	3004	60 STRIP	142.00	8,520.00	5%	213.00	213.00	8,946.00
3	Cough syrup 100 ml bottle	3004	48 BTL	78.50	3,768.00	5%	94.20	94.20	3,956.40
4	Metformin 500 mg tablets (strip of 15)	3004	150 STRIP	18.90	2,835.00	5%	70.88	70.88	2,976.76
5	Disposable syringe 5 ml with needle (box of 100)	9018	5 BOX	520.00	2,600.00	5%	65.00	65.00	2,730.00

Taxable	22,203.00
GST	1,110.16
Total (Rs.)	**23,313.16**

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)