TAX INVOICE

GST invoice format for a pharmacy

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	**Drug licence numbers (Form 20/21)**	
Invoice date	DD/MM/YYYY	**Batch number**	
Place of supply	State name (state code)	**Expiry date**	
		Manufacturer / marketer	
		MRP and discount	
		Prescribing doctor and patient name	

#	Description	HSN/SAC	Qty	Rate	Taxable	GST	CGST	SGST	Total
1	Paracetamol 500 mg tablets (strip of 10)	3004	10 STRIP	30.00	300.00	5%	7.50	7.50	315.00
2	Amoxicillin 500 mg capsules (strip of 10)	3004	2 STRIP	95.00	190.00	5%	4.75	4.75	199.50
3	Cough syrup 100 ml	3004	1 BTL	115.00	115.00	5%	2.88	2.88	120.76
4	Sterile adhesive bandage strips (pack of 20)	3005	1 PCK	60.00	60.00	5%	1.50	1.50	63.00
5	Blood glucose test strips (pack of 50)	9027	1 PCK	850.00	850.00	5%	21.25	21.25	892.50
								Taxable	1,515.00
								GST	75.76
								Total (Rs.)	**1,590.76**

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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