		<h2 style="text-align: center;">COMMON INVOICE</h2> <h3 style="text-align: center;">YOUR COMPANY NAME</h3> <p style="text-align: center;">YOUR COMPLETE BUSINESS ADDRESS LINE -1 YOUR COMPLETE BUSINESS ADDRESS LINE - 2</p> <p style="text-align: center;">vir@cabhs.in www.yourbm.com</p>																
Your Gstin Number: Tax Is Payable On Reverse Charge: (Yes/No) Your Invoice Serial Number: Your Invoice Date:										Transportation Mode: (Apply for Supply of Goods only) Veh.No : Date & Time of Supply: Place OF Supply:								
Details of Receiver (Billed to)								Details of Consignee (Shipped to)										
Name: Address : State: State Code : GSTIN Number:								Name: Address : State: State Code : GSTIN Number:										
S.No	Description of Goods	HSN Code (GST)	Qty	UOM	Rate	Total	Discount	Taxable value	CGST		SGST		IGST					
									Rate	Amount	Rate	Amount	Rate	Amount				
						₹ -	₹ -	₹ -		₹ -		₹ -		₹ -				
											₹ -		₹ -		₹ -			
Invoice Value (In Words)												Total		₹ -				
										Freight Charges		₹ -						
										Loading and Packing Charges		₹ -						
										Insurance Charges		₹ -						
										Other Charges		₹ -						
										Invoice Total		₹ -						
Amount of Tax Subject to Reverse Charge											₹ -		₹ -		₹ -			
Certified that the Particulars given above are true and correct								Electronic Reference Number :										
YOUR TERM & CONDITION OF SALE								YOUR COMPANY NAME										
								Signature: _____										
								Name: _____							Authorised Signatory			
								Designation: _____										

**"SUPPLY MEANT FOR EXPORT ON PAYMENT OF IGST" / "SUPPLY MEANT FOR EXPORT UNDER BOND WITHOUT PAYMENT OF IGST"**  
**(As case may be)**



**YOUR COMPLETE BUSINESS ADDRESS LINE -1**  
**YOUR COMPLETE BUSINESS ADDRESS LINE - 2**

vir@cabhs.in  
bhs@cabhs.in

Transportation Mode: (Apply for Supply of Goods only)  
 Veh.No :  
 Date & Time of Supply:  
 Place OF Supply:

### Details of Consignee (Shipped to)

Name:	
Address :	
Destination Country Name:	

S.No	Description of Goods	HSN Code (GST)	Qty	UOM	Rate	Total	Discount	Taxable value	CGST		SGST		IGST	
									Rate	Amount	Rate	Amount	Rate	Amount
						₹ -	₹ -	₹ -		₹ -		₹ -		₹ -
										₹ -		₹ -		₹ -

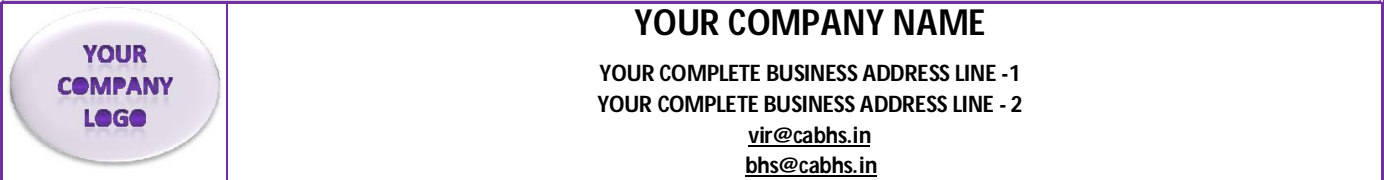
Invoice Value (In Words)				Total			?	-	
				Freight Charges			?	-	
				Loading and Packing Charges			?	-	
				Insurance Charges			?	-	
				Other Charges			?	-	
				Invoice Total			?	-	
Amount of Tax Subject to Reverse Charge					?	-		?	-



**Electronic Reference Number :**



**YOUR COMPANY NAME**



Signature: _____		
		<b>Authorised Signatory</b>
Name:		
Designation:		



**"SUPPLYMENTRY INVOICE / DEBIT NOTE / CREDIT NOTE"**  
(As case may be)





	<p align="center"><b>YOUR COMPANY NAME</b></p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 1</p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 2</p> <p align="center"><u><a href="mailto:vir@cabhs.in">vir@cabhs.in</a></u></p> <p align="center"><u><a href="mailto:bhs@cabhs.in">bhs@cabhs.in</a></u></p>	
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	<p align="center"><b>YOUR COMPANY NAME</b></p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 1</p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 2</p> <p align="center"><u><a href="mailto:vir@cabhs.in">vir@cabhs.in</a></u></p> <p align="center"><u><a href="mailto:bhs@cabhs.in">bhs@cabhs.in</a></u></p>	
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	<p align="center"><b>YOUR COMPANY NAME</b></p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 1</p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 2</p> <p align="center"><u><a href="mailto:vir@cabhs.in">vir@cabhs.in</a></u></p> <p align="center"><u><a href="mailto:bhs@cabhs.in">bhs@cabhs.in</a></u></p>	
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	<p align="center"><b>YOUR COMPANY NAME</b></p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 1</p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 2</p> <p align="center"><u><a href="mailto:vir@cabhs.in">vir@cabhs.in</a></u></p> <p align="center"><u><a href="mailto:bhs@cabhs.in">bhs@cabhs.in</a></u></p>	
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	<p align="center"><b>YOUR COMPANY NAME</b></p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 1</p> <p>YOUR COMPLETE BUSINESS ADDRESS LINE - 2</p> <p align="center"><u><a href="mailto:vir@cabhs.in">vir@cabhs.in</a></u></p> <p align="center"><u><a href="mailto:bhs@cabhs.in">bhs@cabhs.in</a></u></p>	
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Your GSTIN Number:  
Tax Is Payable On Reverse Charge: (Yes/No)  
Your SI/DN/CN Serial Number:  
Date:

Your GSTIN Number:  
Tax Is Payable On Reverse Charge: (Yes/No)  
Your SI/DN/CN Serial Number:  
Date:

Your GSTIN Number:  
Tax Is Payable On Reverse Charge: (Yes/No)  
Your SI/DN/CN Serial Number:  
Date:

Your GSTIN Number:  
Tax Is Payable On Reverse Charge: (Yes/No)  
Your SI/DN/CN Serial Number:  
Date:

Transportation Mode: (Apply for Supply of Goods only)  
 Veh.No :  
 Date & Time of Supply:  
 Place OF Supply:

Transportation Mode: (Apply for Supply of Goods only)  
 Veh.No :  
 Date & Time of Supply:  
 Place OF Supply:

Transportation Mode: (Apply for Supply of Goods only)  
 Veh.No :  
 Date & Time of Supply:  
 Place OF Supply:

Transportation Mode: (Apply for Supply of Goods only)  
 Veh.No :  
 Date & Time of Supply:  
 Place OF Supply:

Details of Receiver (Billed to)		Details of Consignee (Shipped to)	
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Name:	Name:
Address :	Address :
State:	State:
State Code :	State Code :
GSTIN Number:	GSTIN Number:

S.No	Description of Goods	HSN Code (GST)	Qty	UOM	Rate	Total	Discount	Taxable value	CGST		SGST		IGST	
									Rate	Amount	Rate	Amount	Rate	Amount
						₹ -	₹ -	₹ -		₹ -		₹ -		₹ -
										₹ -		₹ -		₹ -

Invoice Value (In Words)		Total	?	-
		Freight Charges	?	-
		Loading and Packing Charges	?	-
		Insurance Charges	?	-
		Other Charges	?	-
		Invoice Total	?	-

	Amount of Tax Subject to Reverse Charge	₹ -	₹ -	₹ -
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Certified that the Particulars given above are true and correct			Electronic Reference Number :
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Declaration  
This SI/DN/CN is issued in adjustment to Original Invoice No: \_\_\_\_\_  
Original Invoice Dated \_\_\_\_\_

Declaration  
This SI/DN/CN is issued in adjustment to Original Invoice No: \_\_\_\_\_  
Original Invoice Dated \_\_\_\_\_

Declaration  
This SI/DN/CN is issued in adjustment to Original Invoice No: \_\_\_\_\_  
Original Invoice Dated \_\_\_\_\_

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YOUR TERM & CONDITION OF SALE			YOUR COMPANY NAME	
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	Signature:	
		Authorised Signatory
	Name:	
	Designation:	