

# COMMON INVOICE YOUR COMPANY NAME

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

vir@cabhs.in www.yourbm.com

	Sstin Number:					Transportation Mode: (Apply for Supply of Goods only)											
	Payable On Rever		e: (Yes/No	o)		Veh.No:											
our Ir	nvoice Serial Num	nber:							Date & Time of Supply:								
our Ir	nvoice Date:								Place OF Supply:								
	De	tails of R	eceiver (E	Billed to	)					Details of Consignee (Shipped to)							
lame:					-			Name:									
ddre								Address:									
tate:								State:									
	Code :							State Code :									
								GSTIN Number:									
Description of Goods HSN								CGST SGST									
.No	Doson phon on	Goods	Code	Qty	UOM	Rate	Total	Discount	Taxable						IGST		
			(GST)	,					value	Rate	Amount	Rate	Amount	Rate	Am	ount	
							? -	? -	? -		? -		? -		?	-	
						<u> </u>											
					\ <u>\</u>	<u> </u>					? -		? -		?	-	
			Invoice \	/alue (I	n word	s)							Fundala la	Total		-	
										Freight Charges 2 -							
										Loading and Packing Charges 2 -							
										Insurance Charges 2							
														Charges		-	
													Invoi	ce Total	?	-	
Amount of Tax Subje							ct to Rever	se Charge		? -		? -		?	-		
	Certified that	the Parti	culars giv	en abo	ve are t	rue an	d corre	:t	Electronic Reference Number :								
	YOUR	SALE				YOUR (	COMPA	NY NAN	/IE								
									Signature								
									orginatur C	•	Auth	orised '	Signatory				
									Name:		71661						
									Designation:								
									, , , ,								

### **EXPORT INVOICE**

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



#### **YOUR COMPANY NAME**

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

vir@cabhs.in

						<u>k</u>	hs@cabh	<u>s.in</u>									
Your Gstin Number:			Transportation Mode: (Apply for Supply of Goods only)														
Tax Is Payable On Reve	erse Charge: (Yes/N	lo)						Veh.No:									
Your Invoice Serial Nu	mber:						Date & Time of Supply:										
Your Invoice Date:								Place OF	Supply:								
De	etails of Receiver (	Billed to	)						of Consign	nee (Ship	ped to)						
Name:						Name:											
Address:						Address:											
<b>Destination Country N</b>	ame:					Destinatio	n Country	/ Name:									
ARE- 1 Number:																	
ARE - 1 Date:	- 1 Date:																
Description o	f Goods HSN							CGST		SGST		IGST					
S.No	Code	Qty	UOM	Rate	Total	Discount	Taxable	Rate Amount				Rate	Amount				
	(GST)						value	Nate	Aillouit	Kate	Airiount	Nate	AII	lount			
					? -	? -	? -		? -		? -		?	-			
									? -		? -		?				
	Invoice	Value (l	n Word	c)					E -		E -	Total	_	-			
	invoice	value (i	II VVOI U	5)							Freight	Charges		-			
									l o:	ading an	nd Packing			_			
											Insurance			_			
												Charges		_			
												ice Total		-			
	<del></del> -		Amoun	t of Ta	x Subied	t to Revers	e Charge		? -		2 -	cc rotal	?	-			
Cortified that	t the Particulars giv						Electronic Reference Number :										
cer tilled tha	t the Particulars gi	ren abo	ve are t	rue an	u correc	il			Electi Offic	c Refere	nce Numb	er:					
YOU	R TERM & CONDIT	ON OF	SALE				YOUR COMPANY NAME										
							Signature:										
							3		Auth	orised :	Signatory	,					
							Name:										
							Designat	ion:									
	l de la companya de																

## "SUPPLYMENTRY INVOICE / DEBIT NOTE / CREDIT NOTE"

(As case may be)



#### YOUR COMPANY NAME

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

vir@cabhs.in bhs@cabhs.in

							<u>t</u>	hs@cabh	s.in								
our C	GSTIN Number:								Transpo	rtation Mo	de: (Appl	ly for Supply o	f Goods on	ıly)			
Γax Is	Payable On Revers	se Charge: (Yes/	No)						Veh.No:								
our S	SI/DN/CN Serial Nu	ımber:						Date & Time of Supply:									
Date:									Place OF	Supply:							
	Det	ails of Receiver	(Billed to	D)				•	Details	of Consign	nee (Shi	pped to)					
Vame							Name:										
Addre	SS:			Address:													
State:				State:	State:												
State (	Code:			State Code :													
GSTIN	Number:						GSTIN Nur	mber:									
	Description of (	Goods HSN						Taxable value	CGST		S	GST	IGST				
S.No		Code (GST)	,	UOM	Rate	Total	Discount		Rate	Amount	Rate	Amount	Rate	Amount			
		(55.)				? -	? -	? -		? -		? -		? -			
			+-									_		_			
					1.					? -		? -	T.1.1	2 -			
		Invoice	e Value (l	in word	is)							Froight	Total Charges				
										Los	adina ar	nd Packing					
										LUc		Insurance					
								Other Charg									
				A mount	t of To	v Cubio	t to Revers	o Chargo		Б			ce rotai				
				Amoun	loria	x subjec	t to kevers	le charge		? -		? -		? -			
	Certified that t	he Particulars gi	ven abo	ve are t	rue an	d corre	et			Electroni	c Refere	ence Numb	er:				
Declar	<u>ration</u>																
	I/DN/CN is issued i	n adjustment to	Original	Invoice	No: _												
Orgina	al Invoice Dated																
	YOUR	TERM & CONDIT	ION OF	SALE	YOUR COMPANY NAME												
								Cianotir	·								
								Signature	e:								
										Auth	orised	Signatory	1				
								Name:	•								
								Designation:									
								1									