

BAKERY STORE INVOICE FORMAT									
Business Name GSTIN: 09AAACH7409R1ZZ PAN: AAACH7409R Mobile: +91 7533067890 Email: mymail@gmail.com Name Address, Noida, Uttar Pradesh, 201304, India FSSAI Lic. No.: 1XXXXXXXXXXXXX					Invoice Number		Invoice Date		
					0010/26-27		16-10-2026		
					Due Date		Place of Supply		
					31-10-2026		07 - Delhi		
					Reverse Charge		Transporter		
					No				
					Vehicle Number		E-way Bill No.		
Billing Address					Shipping Address				
Name:					Name:				
Plot No 43, ADR-Centric, Near Green Park, Delhi, 110055, India					Plot No 43, ADR-Centric, Near Green Park, Delhi, 110055, India				
GSTIN: 07ABCDE1234F1Z5 Mobile: +91 xxxxxxxxxx					GSTIN: 07ABCDE1234F1Z5 Mobile: +91 xxxxxxxxxx				
Email: yourmail@gmail.com					Email: yourmail@gmail.com				
S. No.	Item Description	HSN	Qty	Unit	MRP	List Price	Disc %	Tax %	Amount (₹)
1	White Bread 400 g	19059010	30.00	Pkt.	45.00	40.00	0.00	0.00	1200.00
2	Black Forest Cake 1 kg	19059020	2.00	Pcs.	750.00	650.00	0.00	5.00	1365.00
3	Butter Cookies 500 g	19053100	10.00	Pkt.	280.00	240.00	5.00	5.00	2394.00
4	Veg Puff	19059090	50.00	Pcs.	30.00	25.00	0.00	5.00	1312.50
5									
6									
7									
8									
9									
Total									6,271.00
Rupees Six Thousand Two Hundred Seventy One Only									
Rounded Off (-): 0.50									
Invoice Balance: 6,271.00									
Tax Summary (HSN wise)									
HSN / SAC		Tax %	Taxable Amount		IGST		Total		
19059010		0%	1200.00		0.00		0.00		
19059020		5%	1300.00		65.00		65.00		
19053100		5%	2280.00		114.00		114.00		
19059090		5%	1250.00		62.50		62.50		
Total			6030.00		241.50		241.50		
Account Number: 1234567890									
Bank Name: ICICI Bank									
IFSC: ICIC0001354									
Branch: New Delhi									
Name: Account Holder									
Terms and Conditions						For Business Name Authorised Signatory			
1.									
2.									
3.									
4.									
designed by 									
https://mazu.in/									