		(Tax Invoic	e on Con	npany le	tter I	Head witl	n GST No.)			
	ce No.: ice Date:	Place of Supply:								
Nam	e, contact no. an	d Address of th	ne consum	Bill T	0					
S.	Item and	HSN/SAC	Otv	Rate	CGST		SGST		Amt	
No	Description	HSN/SAC	Qty	Kate	%	Amt	%	Amt		
Total									X	
Total in Words							Total amount	X		
							Admissible CFA as per MNRE guidelines	Y		
Terms and Conditions							Amount billed to consumer, excluding CFA	Rs. (x-y)		
							Total			
						Authorized Signature				