

Consultancy Invoice

Date:

Invoice Number:

Consultant Details

Consultant Name:	<input type="text"/>
GSTIN:	<input type="text"/>
Address:	<input type="text"/>
Contact No.:	<input type="text"/>
Email:	<input type="text"/>

Client Details

Client Name:	<input type="text"/>
GSTIN (if applicable):	<input type="text"/>
Address:	<input type="text"/>
Contact No.:	<input type="text"/>
Email:	<input type="text"/>

Service Details

Description of Services	HSN/SAC	Quantity	Rate (INR)	Amount (INR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal				<input type="text"/>

GST Breakdown

Tax Type	Rate (%)	Taxable Value (INR)	Tax Amount (INR)
CGST	<input type="text"/>	<input type="text"/>	<input type="text"/>
SGST/UTGST	<input type="text"/>	<input type="text"/>	<input type="text"/>
IGST	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total GST			<input type="text"/>

Total Amount

Grand Total (INR)	<input type="text"/>
Amount in Words	<input type="text"/>

Declaration: We declare that this invoice shows the actual price of the services described and that all particulars are true and correct.

Consultant Signature: _____

Client Signature: _____