

Tax Invoice

Invoice No: _____

Date: _____

Construction Company Details Name: _____ Address: _____ Phone: _____ GSTIN: _____	Client Details Name: _____ Address: _____ Phone: _____ GSTIN: _____
--	--

Project Details			
Project Name	_____		
Project Location	_____		
Project Duration	Start: _____	End: _____	

S/N	Description	Quantity/Hours	Unit Cost	Amount
Material Costs				
1	_____	_____	_____	_____
2	_____	_____	_____	_____
Labor Charges				
1	_____	_____	_____	_____
2	_____	_____	_____	_____
Subtotal				_____
Tax (%)				_____
Total Amount				_____

Notes / Terms & Conditions:

- Payment is due within ____ days of invoice date.
- Please make all cheques payable to: _____
- Thank you for your business.

Authorized Signature: _____ Date: _____