		II Shre	e Ganes	shay Nama	ah II					
		A R	CC	omn	anv					
A.B.C Company Address:										
Address: Mobile & Email										
GSTIN: 24ABCDE1234F1ZT										
DAVMENT VOLICHED					Original for Receipient				pient	
PAYMENT VOUCHER						Duplicate for Receiver				
Details of Supplier							<del></del>	<del>-</del>		
Name Voucher N					ımber					
Address Voucher D										
GSTIN/UIN Pia				Place of Sup	of Supply					
State & Code State &					de					
Electronic Reference Number:									<u> </u>	
Description of Product / Service	HSN	Taxable Value	CGST		SGST		IGST		Amount Paid	
	SAC		Rate	Amount	Rate	Amount	Rate	Amount	(Rs.)	
		<u> </u>	Γ				<u> </u>		<u> </u>	
	4	•	•	•	•		•	+		
					Total Amount Before Tax					
					Add: CGST					
					Add : SGST	Add: SGST				
					Add : IGST	Add: IGST				
					Tax Amount	Tax Amount : GST				
					Total Amount After Tax					
					Certified that the particulars given above are true and correct					
					For, ABC					
						T <sub>JA</sub>				
						Authorised Signatory				