

**GST COMPLAINT INVOICE**

1.	Supplier Name	
2.	Supplier GSTIN	
3.	Invoice No.	
4.	Invoice Issue Date	
5.	Total Value	
6.	Taxable Value	
7.	Goods A/c HSN, Service Accounting Code	
8.	Goods and Services Description	
9.	Unit Qty. Code	
10.	Quantity	
11.	Rate	
12.	Whether eligible for ITC – Partial/Full/NIL	
13.	IGST Rate	
14.	IGST Charged Amount	
15.	CGST Rate	
16.	CGST Charged Amount	
17.	SGST/UGST Rate	
18.	SGST Charged Amount	
19.	Cess Rate	
20.	Cess Charged Amount	
21.	Name/Recipient of service/Goods	
22.	Place of Supply	
23.	Recipient GSTIN	
24.	Tax payable on Reverse Charge Basis(Y/N)	
25.	TDS	

**Signature & Stamp**