

**INVOICE**

**Date:**

**NAME OF SERVICE PROVIDER**

**Name of service recipient:**

**ADDRESS OF SERVICE PROVIDER**

**Address of service recipient:**

**PHONE NO. OF SERVICE PROVIDER**

**EMAIL ID OF SERVICE PROVIDER**

**ST regn. No. of service provider**

**Invoice No.:**

**Nature of Service:**

Sl No.	Particulars	Amount ₹	Amount ₹
(a)	Value of Service Portion		
(b)	Service Tax @ 12%		
(c)	Sub Total		
(d)	Add: Education Cess @ 2% calculated on (b)		
(e)	Add: Secondary & Higher Education Cess @ 1% calculated on (b)		
	Total Value (including taxes)		

**Amount in words:**

**For:** \_\_\_\_\_

**(Authorized Signatory)**

**Terms of Payment:**