

PAYMENT VOUCHER

<Entity name>
Location: <Address>

GSTIN Number: Payment Voucher Number ¹ : Date :			
Details of Supplier			
Name: Address: State & Country : GSTIN/UIN Number: [If registered] PAN: Place of supply: (along with name of state and its code, in case of inter-state supply)			
Sr. No.	Description of Goods/ Services	Amount paid	
		Sub-total	
Invoice Value (In Words)		CGST (% / Amount)	..% **
		SGST (% / Amount)	..% **
		UTGST (% / Amount)	..% **
		IGST (% / Amount)	..% **
		Invoice Total	
Tax is Payable on Reverse Charge			
		For, <entity name> Authorised Signatory	

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¹ a consecutive serial number not exceeding sixteen characters, in one or multiple series, containing alphabets or numerals or special characters - hyphen or dash and slash symbolised as "-" and "/" respectively, and any combination thereof, unique for a financial year