## **RECEIPT VOUCHER**

<Entity name> Location: <Address>

| GSTIN Number:  |                              |                                    |            |                         |
|--|------------------------------|------------------------------------|------------|-------------------------|
| Receipt Voucher Number¹: Date of Issue: Place of Supply: (along with name of state and its code in case of Inter-state supply) |                              |                                    |            |                         |
| Details of Recipient   |                              |                                    |            |                         |
| Name: Address:   |                              |                                    |            |                         |
| State & Country : GSTIN/UIN Number: PAN:   |                              |                                    |            |                         |
| Sr. No.  | Description of Goods/Service |                                    |            | Amount<br>of<br>Advance |
|  |                              |                                    |            |                         |
|  |                              |                                    |            |                         |
|  |                              |                                    |            |                         |
|  |                              |                                    |            |                         |
|  |                              |                                    |            |                         |
|  |                              | T T                                | Sub-       |                         |
|  |                              |                                    | total      |                         |
| Invoice Value (In Words)   |                              | CGST (% / Amount)                  | %          | **                      |
|  |                              | SGST (% / Amount)                  | %          | **                      |
|  |                              | UTGST(% /Amount) IGST (% / Amount) | %<br>%     | **                      |
|  |                              |                                    | oice Total |                         |
| Tax is Payable on Reverse Charge : Yes/No  |                              |                                    |            |                         |
|  | ·                            |                                    |            |                         |
| For, <entity name=""></entity>   |                              |                                    |            |                         |
| Authorised Signatory   |                              |                                    |            |                         |
|  |                              |                                    | Page No.   | of                      |

 $^{1}$  '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'