

## Invoice

To,  
**RECEIVER (BILL TO)**  
Name : Sarah  
Billing Address : Klang

Reverse Charge  
Invoice No. : test  
Invoice Date : 2018-07-02

Sr No.	Item Name	Quantity	Price	Actual Amt.	Tax1 (%)		Tax2 (%)		Tax3 (%)		Total
					Rate	Amt.	Rate	Amt.	Rate	Amt.	
1	222	22.00	22.00	0.00	0.00	0.00	0.00	0.00	0.00	484.00	
2	11	11.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	11.00	
<b>Total</b>											<b>495.00</b>
<b>Total Amt. Before Tax :</b>											0.00
Add : Tax1 :											0.00
Add : Tax2 :											0.00
Add : Tax3 :											0.00
<b>Total Tax Amt. :</b>											0.00
<b>Total Amt. After Tax :</b>											495.00