

[Supplier Name]

SALES TAX INVOICE

Address: _____
NTN: _____ STRN: _____ Phone: _____

Invoice No.: _____ Date: _____
Buyer: _____ Buyer NTN / CNIC: _____
Buyer address: _____ Buyer STRN: _____

S.No	Description of goods / services	Qty	Rate	Value excl. tax	Sales tax %	Sales tax	Value incl. tax
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Amount in words: _____

Value excluding sales tax	
Sales tax	
Total including sales tax	

Prepared by

Authorised signature