

MOBILE/HOME APPLIANCES WHL/RTL

Original

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

PAN No.: IT Numb.

Invoice No.: SLTDO00001

Dt./Time of Supply :

Invoice Dt.: 06/07/2017

TAX INVOICE

Place of Supply :

Pur.Ord.No.: Dt:

Transport:

L.R.No.: Dt:

Debit Memo

Veh. No.:

No. of Case:

Reverse Charge [Y/N]: No

Billed To..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....:

Code:

GSTIN No.:

PAN No...:

Shipped to..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....:

Code:

GSTIN No.:

PAN No...:

Sr	Description	HSN	Qty.	Unit	Rate	Disc%	Taxable	CGST%	SGST%	Total
1	J 500 H/S SAMSUNG N		1.000	Pcs.	10556.53		10556.53	6.00	6.00	11823.31
2	J 700 H/S SAMSUNG N		1.000	Pcs.	12825.22		12825.22	6.00	6.00	14364.26
			2.000				23381.75			26187.57

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
23381.75	6.00	1402.91	6.00	1402.91	26187.57

Disc.Amt:	E. & O.E.	R/Off Disc	0.43
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23381.75 TOTAL	1402.91 TOTAL	1402.91	26187.57
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TOTAL 26188.00

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: TwentySix Thousands One Hundred EightyEight only

Terms & Condition

Invoice/General Note 1
Invoice/General Note 2
Invoice/General Nore 3

Certified that the particulars given above are true and correct.

For, MOBILE/HOME APPLIANCES WHL/RTL

Authorised Signatory