

KPSS MED RET

PHONE:- Phone 1 ,Phone 2

Address Line 1 Address Line 2 City State Pin

Original

Cash Memo : SLTC000001 Date : 23.08.2017

TAX INVOICE

Patient ...: P Name

Dr.: Doctor 1

Qty.	Description	Pack	MRP.	Mfg. Batch.No	Exp.Dt.	Rate	GST	Amount
6	A TO Z TAB	1 TAB	35.00	134343	02/2019	3.50	5.00	21.00

GSTIN No.: GSTIN NUMBER		Subject to Local City Jurisdiction			Basic Total	21.00
D.L.No.: Drug Lic No.1					E.& O.E. NET TOTAL:	21.00
Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	Certified that particulars given above are true and correct.
20.00	2.50	0.50	2.50	0.50	21.00	

For, KPSS MED RET

20.00 TOTAL      0.50 TOTAL      0.50      21.00

Invoice/General Note 1