

KPSS MED RET

PHONE:-Phone 1 ,Phone 2

Address Line 1 Address Line 2 City State Pin

Cash Memo : SLTC000001 Date : 23.08.2017

TAX INVOICE

Patient ..: P Name

Dr.: Doctor 1

Original

Qty.	Description	Pack	MRP.	Mfg. Batch.No	Exp.Dt.	Rate	Taxable	CGST% & Amt.	SGST% & Amt.	Amount
6	A TO Z TAB	1 TAB	35.00	134343	02/2019	3.50		2.5 0.50	2.5 0.50	21.00

35.00

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

For, KPSS MED RET