

KPSS MED RET

Original

Address Line 1 Address Line 2 City State Pin

TAX INVOICE

Cash Memo : SLTC000001 Date : 23.08.2017

Patient ..: P Name

Dr.: Doctor 1

Description	Mfg.	HSN	Pack	Batch.No	ExpDt	Qty.	Rate	<--CGST-->		<--SGST-->		Amount	
								Taxable	CGST%	Amt.	SGST%		Amt.
A TO Z TAB		42343	1 TAB	134343	02/19	6	3.50	20.00	2.5	0.50	2.5	0.50	21.00

							6	20.00		0.50		0.50	21.00
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GSTIN No.: GSTIN NUMBER

Subject to Local City Jurisdiction

NET TOTAL:

21.00

D.L.No.: Drug Lic No.1

E. & O.E.

For, KPSS MED RET

Invoice/General Note 1

Invoice/General Note 2