

KPSS MED RET

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

Original

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

IT Numb.

Invoice No.: SLT000001

Transport:

Invoice Dt.: 01.07.17

TAX INVOICE

Veh. No.:

Dt./Time of Supply: 24.08.17,11:58 am

Reverse Charge [Y/N]: No

Cash Memo

Place of Supply :

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.	Rate	Disc.	Taxable	CGST%	SGST%	Cess%	L.Tax	Total
1	Sopari		20.250	265.00		265.00	2.50	2.50			5634.57
2	Bristol		10.000	45.00		45.00	14.00	14.00	5.0	15.00	748.50
3	Baghban 138 Sada Tin 45 Gm.	24039910	20.000	138.00		138.00	14.00	14.00	160.0		7948.80
4	BISCUITS RS. 5/-	19059020	12.000	4.58		4.58	9.00	9.00			64.90
			62.250		0.00	452.58					14396.77

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Cess%	Cess.Amt.	Lump.Amt.	Tot.Amt.	RND OFF	
5366.25	2.50	134.16	2.50	134.16	0.00	0.00	0.00	5634.57		0.23
55.00	9.00	4.95	9.00	4.95	0.00	0.00	0.00	64.90		
2760.00	14.00	386.40	14.00	386.40	160.00	4416.00	0.00	7948.80		
450.00	14.00	63.00	14.00	63.00	5.00	22.50	150.00	748.50	TOTAL	14397.00
8631.25	TOTAL	588.51	TOTAL	588.51	TOTAL	4438.50	150.00	14396.77	E.& O.E.	

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: Forteen Thousands Three Hundreds NinetySeven only

Terms & Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

For, KPSS MED RET

Invoice/General Note 2

Invoice/General Note 3

Authorised Signatory