

**KPSS SALES AGENCY**

SAMPLE INVOICE Address Line 2 City State Pin

Phone: Phone 1, Phone 2

**Invoice/General Note 1**

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Drug Lic No.1

Drug Lic No.2

Dt./Time of Supply : 24.08.17,12:37 pm

**TAX INVOICE**Invoice No.: **SLTC000002**

Place of Supply :

Original

Invoice Dt.: **01.07.17**

Reverse Charge [Y/N]: No

**Cash Memo**

Engine Type :

Vehical No.:

Pump &amp; Gov. :

JobCard No.:

Sr. 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	Item Code	Description	HSN	Qty.	Unit	Rate	Disc.Amt	Taxable	CGST%	SGST%	Total
1	0 006 09	BISCUITS RS. 10/-	19059020	12	Pkt.	9.25		111.00	9.00	9.00	130.98
2	0 001 30	Sopari		2	Kg.	265.00		617.45	2.50	2.50	648.33
3	0 004 00	TUTIFRUTI		1	Pkt.	25.00		25.00	6.00	6.00	28.00
4	0 006 20	NIRMA SUPER SOAP	3402	12	NOS.	9.17		110.00	14.00	14.00	140.80
				27			0.00	863.45			948.11

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	Due Date:	E.& O.E.	RND OFF	
617.45	2.50	15.44	2.50	15.44	648.33				-0.11
25.00	6.00	1.50	6.00	1.50	28.00				
111.00	9.00	9.99	9.00	9.99	130.98				
110.00	14.00	15.40	14.00	15.40	140.80				
863.45	TOTAL	42.33	TOTAL	42.33	948.11			<b>TOTAL</b>	<b>948.00</b>

Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: Nine Hundreds FortyEight only

Terms &amp; Condition

Invoice/General Note 2

Invoice/General Nore 3

Certified that the particulars given above are true and correct.

**For, KPSS SALES AGENCY**

Authorised Signatory