

KPSS SALES AGENCY

SAMPLE INVOICE Address Line 2 City State Pin

Phone : Pnone 1, Phone 2,

Original

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

PAN No.: IT Numb.

Invoice No.: SLTC000002

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

Invoice Dt.: 01.07.17

TAX INVOICE

Place of Supply :

Pur.Ord.No.: Dt:

Transport:

L.R.No.: Dt:

Cash Memo

Veh. No.:

No. of Case:

Reverse Charge [Y/N]: No

Billed To..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....:

Code:

GSTIN No.:

PAN No...:

Phone No.:

Shipped to..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....:

Code:

GSTIN No.:

PAN No...:

Phone No.:

Sr.	Description	HSN	Mfg.	Batch	Qty.	Unit	Rate	Taxable	CGST%	SGST%	Total
1	BISCUITS RS. 10/-	19059020	BISCT		12.000	Pkt.	9.25	111.00	9.00	9.00	130.98
2	Sopari		SOPRI		60.000	Kg.	265.00	15900.00	2.50	2.50	16695.00
3	TUTIFRUTI		PM		1.000	Pkt.	25.00	25.00	6.00	6.00	28.00
4	NIRMA SUPER SOAP	3402	Sp		12.000	NOS.	9.17	110.00	14.00	14.00	140.80
					85.000			16146.00			16994.78

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
15900.00	2.50	397.50	2.50	397.50	16695.00
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
16146.00	TOTAL	424.39	TOTAL	424.39	16994.78

RND OFF 0.22

E. & O.E.

TOTAL 16995.00

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: Sixteen Thousands Nine Hundreds NinetyFive only

Terms & Condition

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Nore 3

Certified that the particulars given above are true and correct.

For, KPSS SALES AGENCY

Authorised Signatory