

KPSS MED RET

PHONE:- Pnone 1 ,Phone 2

Address Line 1 Address Line 2 City State Pin

Bill of Supply

Cash Memo : SLRC000001 Date : 23.08.2017

Original

Patient ...: P Name

Dr.: Doctor 1

Qty.	Description	Mfg.	Rate	Pack	Batch.No	Exp.Dt.	MRP	Amount
5	A TO Z TAB		3.50	1 TAB	134343	02/2019	35.00	17.50

GSTIN No.:	GSTIN NUMBER	E. & O.E.	Basic Total	17.50
D.L.No.:	Drug Lic No.1		NET TOTAL:	18.00

* Compostion taxable person, not eligible to collect tax on supplies.
 * Invoice/General Note 1 For, KPSS MED RET
 Invoice/General Note 2
 * Subject to Local City Jurisdiction