

KPSS MED RET

Address Line 1 Address Line 2 City State Pin

Bill of Supply

CashMemo: SLRC000001 Date : 23.08.2017 PHONE:- Pnone 1

, Phone 2

Patient.: P Name

Dr.: Doctor 1

Qty.	Description	Mfg.	MRP	Pack	Batch.No	ExpDt	Amount
5	A TO Z TAB		35.0	10 TAB	134343	02/19	17.50

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GSTIN No.: GSTIN NUMBER

Basic Total

17.50

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

NET TOTAL:

**18.00**

Composite taxable person not eligible to collect tax on supply.

Invoice/General Note 1

Invoice/General Note 2

For, KPSS MED RET

\* Subject to Local City Jurisdiction

\* E.& O.E.