

**KPSS SALES AGENCY**

SAMPLE INVOICE Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No...: IT Numb.

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

Name : .General (Cash) Customer  
 Party GSTIN No.:  
 PAN No...:  
 D.L.No.:

Bill of Supply  
 Original  
 Debit Memo  
 No...: SLRD000001  
 Date : 01.07.17

Sr.	Description	HSN	M.R.P.	Qty.	Free	Rate	Base.Amt.	Schm.	C.D.	Amount
1	999 POUCH 100GM			10.0		20.00	200.00			200.00
2	AGARBATTI 40Rs.			20.0		33.00	660.00			660.00
3	VARIYARI			1.0		30.00	30.00			30.00

31.0 0.0 890.00 0.00 0.00 890.00

\* Composition taxable person, not eligible  
 to collect tax on supplies.

E. &amp; O.E.

Invoice/General Note 1  
 Invoice/General Note 2  
 Invoice/General Nore 3

Grand Total 890.00

Subject to Local City Jurisdiction

Certified that particulars given  
 above are true and correct.

For, KPSS SALES AGENCY