

**KPSS MEDICAL WHLS**

Address Line 1 Address Line 2 JUNAGADH State 362001

Phone : Pnone 1, Phone 2,

Drug Lic No.1

PAN No.:IT Numb.

Drug Lic No.2

GSTIN No.: GSTIN NUMBER

Invoice No.: SLRDOOOO01

Debit Memo

Bill of Supply

Invoice Dt.: 24/08/2017

Original

Pur.Ord.No.:

Dt.:

State ....: State

State Code: 24

**Billed To..**

Name....:General (Cash) Customer

Adress..:

City....:

State....:

Code:

**GSTIN No:**

PAN No..:

Phone....:

**Shipped to..**

Name....:General (Cash) Customer

Adress..:

City....:

State....:

Code:

**GSTIN No:**

PAN No..:

Phone....:

Sr	Description	HSN Cd	Mfg.	Batch	Qty.	Unit	Rate	Total
1	item 2 tf		Col	1212111	25.000	Bottle	32.00	800.00
					25.000			800.00

Sales Man:

Transport.:

Truck No.:

LR No.& Dt.:

Amount in Words: Rs.

Eight Hundreds only

Dt.& Time of Supply:

24/08/2017,11:17 am

**TOTAL**

**800.00**

E.& O.E.

NOTE:

Bank Details:Bank Detail 1

Bank Detail 2

**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 MEDICAL WHLS**

Authorised Signatory