

KPSS SALES AGENCY

SAMPLE INVOICE Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No...: IT Numb.

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

Billed TO:/Place Of Supply..:						Bill of Supply				
Name:- .General (Cash) Customer						Original				
CITY:- Party GSTIN No.: PAN No.:						Cash/Debit Memo No.: SLRD000001				
						Date : 01.07.17				

Sr.	GROUP	Description	HSN	Qty.	Rate	C.D.	Taxable	CGST%	SGST%	Amount
1	AGARBATI TF	999 POUCH 100GM		10.000	20.00		200.00			200.00
2	AGARBATI TF	AGARBATTI 40Rs.		20.000	33.00		660.00			660.00
3	Variyari	VARIYARI		20.250	30.00		607.50			607.50
				50.250		0.00	1467.50			1467.50

Txable Amt	Tot.Amt.
1467.50	1467.50
1467.50	1467.50

TEA:--	RS= 1467.50
SPC:--	RS=
SOAP:--	RS= TOTL SP:
DSBR:--	RS=
MUVS:--	AGR:-NIL MTCH:-

ROUND OFF:-
Total: 1468.00
<u>Total Weight:-</u>

Amount In Words: One Thousand Four Hundreds SixtyEight only

Certified that particulars given above are true and correct. E. & O.E.