

**MOBILE/HOME APPLIANCES WHL/RTL**

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

**TAX INVOICE**

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Original

Drug Lic No.2

IT Numb.

Invoice No.: SLTDI00001

Dt./Time of Supply : 24/08/2017, 2:17 pm

Invoice Dt.: 24/08/2017

**Debit Memo**

Place of Supply :

Pur.Ord.No.: Dt:

Transport:

L.R.No.: Dt:

Veh. No.:

No. of Cases :

Reverse Charge [Y/N]: No

**Billed To..**

Name.....: XYZC

Adress...:

City.....: KESHOD

State....: Code:

**GSTIN No.:**

PAN No...:

**Shipped to..**

Name.....: XYZC

Adress...:

City.....: KESHOD

State....: Code:

**GSTIN No.:**

PAN No...:

Sr.	Description	HSN	Qty.	Rate	Disc.%	Taxable	IGST%	IGST Amt.	Total
1	J 500 H/S SAMSUNG N		3.000	11500.00		34500.00	12.00	4140.00	38640.00
			3.000			34500.00		4140.00	38640.00

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
34500.00	12.00	4140.00	38640.00

34500.00	<b>TOTAL</b>	4140.00	38640.00
----------	--------------	---------	----------

E.& O.E. **TOTAL 38640.00**

Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: ThirtyEight Thousands Six Hundreds Forty only

**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, MOBILE/HOME APPLIANCES WHL/RTL**

Authorised Signatory