

KPSS MEDICAL WHLS

Original

Address Line 1 Address Line 2 JUNAGADH State 362001

Phone: Phone 1, Phone 2

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

IT Numb.

Invoice No.: SLTDIO0001

Dt./Time of Supply : 24/08/2017, 2:34 pm

Invoice Dt.: 01/07/2017

TAX INVOICE

Place of Supply :

Pur.Ord.No.: Dt:

Transport:.

L.R.No.: Dt:

Debit Memo

Veh. No.:

No. of Cases :

Reverse Charge [Y/N]: No

Billed To..

Name.....: . General Customer

Adress...:

City.....: Junagadh

State.....: . Code:

GSTIN No.: DL.

PAN No...:

Shipped to..

Name.....: . General Customer

Adress...:

City.....: Junagadh

State.....: . Code:

GSTIN No.:

PAN No...:

Sr	Description	HSN	Exp.Dt.	Batch.No.	Qty.	F.QTY	Rate	Disc%	Taxable	IGST%	IGST Amt.	Total
1	Item 1 1233/50	134341	12/2019	1233	50.00		2500.00		125000.00	12.00	15000.00	140000.00
					50.00	0.00			125000.00		15000.00	140000.00

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
125000.00	12.00	15000.00	140000.00

125000.00	TOTAL	15000.00	140000.00
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E. & O.E.

TOTAL 140000.00

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: One Lak Forty Thousands 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, KPSS MEDICAL WHLS

Authorised Signatory