

GSTIN No.: GSTIN NUMBER
PAN.No. IT Numb.
E.& O.E., Subject to Local City Jurisdiction

Bill of Supply
Original

Phon:- Phone 1
Phone 2
Drug Lic No.1

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Name : **Customer - 1**

City :- JUNAGADH DALAL:-
GSTIN No.:- PAN NO.

Debit Memo
Bill.No:- SLRD000001
Date...:- 04/01/2018

Sr.	HSN	Description	BAG	Qty.	Rate	AMOUNT
1	22323	KRACKJACK 75GM		4.000	4.76	17.87
2	56565	MILK SHAKTI 100GM		4.000	3.96	14.69

0 32.56

ThirtySix only
@. Invoice/General Note 1
@. Invoice/General Note 2
Bank Detail 1
Bank Detail 2

R/Off: -0.46

NET TOTAL 36.00

For, Template: CAge_GST