

Template: CAGE_GST

Original

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1
Drug Lic No.2

GSTIN No.: GSTIN NUMBER
IT Numb.

Invoice No.: SLTD000001
Invoice Dt.: 31/12/2017
E-Way Bill No.:
Reverse Charge [Y/N]: No

TAX INVOICE

Debit Memo

Transport: .
Veh. No.:
Dt./Time of Supply: 31/12/2020,11:02 am
Place of Supply :

Billed To..

Name.....: **Customer - 1**
Adress...:

City.....: JUNAGADH
State....: Gujarat Code: 24

GSTIN No.:
PAN No....: Mob.: 9288349223 9999988888

Shipped to..

Name.....: **Customer - 1**
Adress...:

City.....: JUNAGADH
State....: Gujarat Code: 24

GSTIN No.:
PAN No....: Mob: 9288349223 9999988888

Sr.	Description	HSN/SAC	Qty.	Rate	T.D.%	Disc.Amt.	Taxable	CGST%	SGST%	Total
1	KRACKJACK 75GM 11111	22323	5	4.76	0.50	1.19	22.51	6.00	6.00	25.21
2	MILK SHAKTI 100GM 22222	56565	5	3.96	0.50	0.99	18.71	6.00	6.00	20.97
			10			2.18	41.22			46.18

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
41.22	6.00	2.48	6.00	2.48	46.18

R/Off: -0.18

41.22	TOTAL	2.48	TOTAL	2.48	46.18
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E. & O.E. **TOTAL 46.00**

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: FortySix 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, Template: CAGE_GST

Receiver's Sign:

Authorised Signatory