

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No...: IT Numb.

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

Name : Customer - 1

Party GSTIN No.:

PAN No...:

D.L.No.:

TAX INVOICE

Original

Cash/Debit Memo No.: SLTD000001

Date : 31/12/2017

JUNAGADH

Sr.	Description	HSN	M.R.P.	Qty.	Free	Rate	Schm.Amt	C.D.Amt	Taxable	CGST%	SGST%	Amount
1	KRACKJACK 75GM 11111/5	22323	6.00	5.0		4.76	1.19	0.11	22.51	6.00	6.0	25.21
2	MILK SHAKTI 100GM 22222/5	56565		5.0		3.96	0.99	0.09	18.71	6.00	6.0	20.97

 10.0 0.0 2.18 0.21 41.22 46.18

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	E. & O.E.
41.22	6.00	2.48	6.00	2.48	46.18	
41.22	TOTAL	2.48	TOTAL	2.48	46.18	
						Invoice/General Note 1 R/Off: 0.00% -0.18
						Invoice/General Note 2 if(!empty(),1
						Invoice/General Nore 3 Grand 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 particulars given above are true and correct.

Subject to Local City Jurisdiction

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