

**Template: CAgE\_GST**

TAX INVOICE

Address Line 1 Address Line 2 City State Pin

Original

Phone: Phone 1, Phone 2

CASH/DEBIT BILL No:- SLTD000001

GSTIN No.: GSTIN NUMBER

IT Numb.

Bill Dt.:- 31/12/2017

**Bill To.. Name.: Customer - 1**

Reverse Charge [Y/N]: No

Address.:

S.Man:-

Transport:- .

City.: JUNAGADH

State.: Gujarat

State.Code 24

Zone:- .

VehNo:-

**GSTIN No.:**

PAN.NO.

Dt./Time &amp; Place of Supply : 31/12/2020,11:02 am

Sr.	HSN	Description	Qty.	F.QTY	Rate	Sch/%	Disc%	CGST%	SGST%	CESS%	LsCessRs	NET-RATE	Taxable
1	22323	KRACKJACK 75GM	5.00		4.74	5.00		6.00	6.00			5.04	22.51
2	56565	MILK SHAKTI 100GM	5.00		3.94	5.00		6.00	6.00			4.19	18.71
3		BRISTOL	20.00		9.25			14.00	14.00	5.00	15.00	27.30	185.00

30.00 0.00

226.22

Amount in Words: Five Hundreds NinetyTwo only

SGST Rs. 28.38

Txable Amt CGST% CGST.Amt. SGST% SGST.Amt. Cess% Cess.Amt. Lump.Amt. Note:-

CGST Rs. 28.38

41.22 6.00 2.48 6.00 2.48 0.00 0.00 0.00

GST CESS Rs. 9.25

185.00 14.00 25.90 14.00 25.90 5.00 9.25 300.00

GST L.CESS Rs. 300.00

R/Off: -0.23

Terms &amp; Condition (Certified that the particulars given above are true and correct.)

**TOTAL 592.00**

E.&amp; O.E. Subject to Local City Jurisdiction (Sch.Rs. Disc.Rs. )

**For, Template: CAgE\_GST**

Bank Detail 1

Bank Detail 2

Invoice/General Note 1

Authorised Signatory