

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

Billed TO:/Place Of Supply..: Name:- Customer - 1						TAX INVOICE Original					
CITY:- JUNAGADH			Party GSTIN No.:		PAN No.:		Cash/Debit Memo No.: SLTD000001 Date : 31/12/2017				
Sr.	GROUP	Description	HSN	Qty.	Rate	C.D.	Taxable	CGST%	SGST%	Amount	
1	PARLE 1	KRACKJACK 75GM 11111/5	22323	5.000	4.76	0.11	22.51	6.00	6.00	25.21	
2	PARLE 1	MILK SHAKTI 100GM 22222/5	56565	5.000	3.96	0.09	18.71	6.00	6.00	20.97	
				10.000		0.21	41.22			46.18	
Txable Amt						TEA:--		RS=		ROUND OFF:-	
41.22						SPC:--		RS=		-0.18	
CGST% 6.00						SOAP:--		RS=		Total: 46.00	
CGST.Amt. 2.48						DSBR:--		RS=		Total Weight:-	
6.00						MUVS:--		AGR:-NIL		MTCH:-	
SGST% 6.00											
SGST.Amt. 2.48											
Tot.Amt. 46.18											
41.22 TOTAL											
2.48 TOTAL											
2.48											
46.18											

Amount In Words: **FortySix only**

Certified that particulars given above are true and correct. E. & O.E.