

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

**TAX INVOICE**  
Original

PHONE:- 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:- SLTD000001  
Date...:- 31/12/2017

Sr.	HSN	Description	BAG	Qty.	Rate	SGST%	CGST%	AMOUNT
1	22323	KRACKJACK 75GM		5.000	4.76	6.0	6.0	22.51
2	56565	MILK SHAKTI 100GM		5.000	3.96	6.0	6.0	18.71

0

41.22

FortySix only

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

SGST Rs. 2.48

CGST Rs. 2.48

R/Off: -0.18

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

**NET TOTAL 46.00**

For, Template: CAge\_GST