

**Template: CAgE\_GST**

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

**Bill of Supply**

PAN No.: IT Numb.

Original

Invoice No.: SLRD000001

**Debit Memo**

Veh.No.:

Invoice Dt.: 04/01/2018

Time of Sup: 04/01/2021,11:29 a

Ord.Ord.No.: Dt.:

State ....: State

Challan No.: Dt.:

State Code: 24

**Billed To..**

Name....: Customer - 1

Adress..:

City....: JUNAGADH

State...: Gujarat

Code: 24

**GSTIN No:**

PAN No..:

**Shipped to..**

Name....: Customer - 1

Adress..:

City....: JUNAGADH

State...: Gujarat

Code: 24

**GSTIN No:**

PAN No..:

Sr.	Description	HSN	Qty.	Unit	Rate	Disc.	Total
1	KRACKJACK 75GM 11111	22323	4.000	PKT	4.71	1.00	20.01
2	MILK SHAKTI 100GM 22222	56565	4.000	PKT	3.92	1.00	16.45
			8.000				36.46

Transp.: .

L.R.No.:

Dt:

R/Off:

-0.46

Cases:

Rupees: ThirtySix only

Note:

Bank Details: Bank Detail 1

Bank Detail 2

**TOTAL****36.00**

E.&amp; O.E.

\* Composite Taxable Person, not eligible to collect tax on supplies.

Terms &amp; Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

**For, Template: CAgE\_GST**

Invoice/General Note 2

Invoice/General Note 3

Authorised Signatory