

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
							36.46

Transp.: .
Rupees: ThirtySix only

L.R.No.:

Dt:

R/Off: -0.46

Note:

Bank Details: Bank Detail 1
Bank Detail 2**TOTAL**
36.00

E.& O.E.

Invoice/General Note 1

Terms & Condition

Invoice/General Note 2

Invoice/General Note 3

Certified that the particulars given above are true and correct.

For, Template: CAge_GST

Authorised Signatory