

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

Drug Lic No.2

Billed To: **Customer - 1**

M/S :

CITY : JUNAGADH Gujarat

GSTIN No.: PAN No.:

D.L.No...:

Bill of Supply

Original

Debit Memo

No. : SLRD000001

Dt. : 04/01/2018

Transp.:

L.R.No: Cases:

Sr	Description	MFG	HSN	Unit	Batch	ExpDt	R.P.	Qty.	Free	C.D.	Disc%	PTR	Total Amt.
1	KRACKJACK 75GM	PARLE	22323	PKT	11111	01/2022	6.00	4.0		1.00	1.00	4.76	20.01
2	MILK SHAKTI 100GM	PARLE	56565	PKT	22222	02/2022		4.0		1.00	1.00	3.96	16.45
								8.0	0.0				36.46

Rs.:ThirtySix only

Interest will be charged @24% p.a. after

DUE DATE :

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

Invoice/General Note 1

Invoice/General Note 2

We give no under taking whatever to accept a return of goods for exchange.

Subject to Local City Jurisdiction

E.& O.E.

R/Off:

-0.46

NOTE :-

TOTAL**36.00**

Certified that particulars given above are true and correct.

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