

Template: CAge_GST

Phone: Pnone 1, Phone 2

Address Line 1 Address Line 2 City State Pin

Bill of Supply

PAN No...: IT Numb.

D.L.No...: Drug Lic No.1

Original

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

Debit Memo

M/S : Customer - 1

Party D.L.No.:

No.: SLRD000001

Dt.: 04/01/2018

GSTIN No.:

JUNAGADH

PAN No...:

Sr	Description	MFG	HSN	Unit	Batch	ExpDt	R.P.	Qty.	Free	C.D.	Disc%	PTR	Total Amt
1	KRACKJACK 75GM	PARL	22323	PKT	11111	01/22	6.00	4.0		1.00	1.00	4.76	20.01
2	MILK SHAKTI 100GM	PARL	56565	PKT	22222	02/22		4.0		1.00	1.00	3.96	16.45

8.0 0.0 36.46

Transport: . L.R.: Dt : E.& O.E. R/Off: -0.46
NOTE :-

DUE DATE :

TOTAL 36.00

Subject to Local City Jurisdiction
* Composite Taxable Person, not eligible to collect tax on supplies.
Invoice/General Note 1
Invoice/General Note 2

Certified that particulars given above are true and correct.
For, Template: CAge_GST