

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin
Phone: Pnone 1, Phone 2

PAN No...: IT Numb.
GSTIN No.: GSTIN NUMBER

Bill of Supply
Original

Name : **Customer - 1**

Debit Memo

Memo No: **SLRD0000**

Date...: **04/01/2018**

JUNAGADH

Sr	HSN	Description	Qty.	Rate	Discount	Amount
1	22323	KRACKJACK 75GM 11111	4.0	4.76	1.00	21.01
2	56565	MILK SHAKTI 100GM 22222	4.0	3.96	1.00	17.45
		TOTAL	8.0		2.00	38.46

Rupees: ThirtySix only

Cash Disc.

Less:C.N. 0

E.& O.E., Subject to Local City Jurisdiction

R/Off: -0.46

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

NET TOTAL 36.00

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Nore 3

Receiver's Signature

For, Template: CAge_GST