

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

Name : Customer - 1

Party GSTIN No.:

PAN No...:

D.L.No.:

JUNAGADH

Bill of Supply

Original

Cash/Debit Memo No.: SLRD000001

Date : 04/01/2018

Sr.	Description	HSN	Pack	Loos	M.R.P.	Qty.	Free	Rate	Schm.Amt	C.D.Amt	Amount
1	KRACKJACK 75GM 11111/4	22323		4	6.0	4		4.76	1.00	0.18	20.01
2	MILK SHAKTI 100GM 22222/4	56565		4		4		3.96	1.00	0.15	16.45
			0			8	0		2.00	0.33	36.46

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

E. & O.E.

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Nore 3

Grand Total

36.00

Subject to Local City Jurisdiction

Certified that particulars given above are true and correct.

For, Template: CAge_GST