

**Template: CAge\_GST**

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Invoice/General Note 1

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Drug Lic No.1

Drug Lic No.2

Dt./Time of Supply : 04/01/2021,11:29 am

Place of Supply :

Reverse Charge [Y/N]: No

**Bill of Supp**

Original

Invoice No.: SLRDO00001

Invoice Dt.: 04/01/2018

**Debit Memo**

Engine Type :

Pump &amp; Gov. :

Sr. No.....:

Vehical No.:

JobCard No.:

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.	Item Code	Description	HSN	Qty.	Unit	Rate	Disc.Amt	Total
1	0 000 03	KRACKJACK 75GM 11111	22323	4	PKT	4.71	1.00	20.01
2	0 000 12	MILK SHAKTI 100GM 22222	56565	4	PKT	3.92	1.00	16.45
				8			2.00	36.46

Rs.: ThirtySix only

Due Date:

E. &amp; O.E.

R/Off:

-0.46

Bank Details: Bank Detail 1  
Bank Detail 2

TOTAL

36.00

Terms &amp; Condition

Invoice/General Note 2

Invoice/General Nore 3

Certified that the particulars given above are true and correct.

For, Template: CAge\_GST

Authorised Signatory