

**Template: CAgE\_GST**

Bill of Supply

Address Line 1 Address Line 2 City State Pin

Original

Phone: Phone 1, Phone 2

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

Debit Memo No.: SLRD000001

Dt.: 04/01/2018

Billed &amp; Supplied to:

M/s: **Customer - 1**

Transp: .

L.R.No: Dt.:

Party GSTIN No.:

PAN No. . . .:

Place of Supply:

City: JUNAGADH

State: Gujarat

Stat.Code: 24

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

Sr.	Description	Qty.	Rate	FQty.	G.Amount	V.Dc%	SchD%	DL.D%	BASIC	AMOUNT
1	JACK 75GM	4	4.76		19.05		1.00	1.00	17.87	20.01
2	SHAKTI 100GM	4	3.96		15.84		1.00	1.00	14.69	16.45
		8		0	34.89				32.56	36.46

Rs: ThirtySix only

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Note 3

E &amp; O.E. Subject to Local City Jurisdiction

O/S AMOUNT:

**82.00**

Note:

For, **Template: CAgE\_GST**

Cash Disc.

Less:C.N.

R/Off: -0.46

**TOTAL****36.00**