

Template: CAgE_GST

Address Line 1 Address Line 2 City State Pin

Drug Lic No.1
Drug Lic No.2

Phone: Pnone 1, Phone 2
GSTIN No.: GSTIN NUMBER
PAN No.: IT Numb.

Invoice No.: SLTDI00001	TAX INVOICE	Dt./Time of Supply : 06/01/2021,12:09 pm
Invoice Dt.: 06/01/2018	Original	Place of Supply :
Pur.Ord.No.: Dt:		Transport: RAJKOT GODAWON
Veh. No.:		L.R.No.: Dt:
	Debit Memo	No. of Cases:

Billed To.. Name.....: .General (Cash) Customer Adress...: City.....: State.....: Code: GSTIN No.: PAN No...: PHONE:	Shipped to.. Reverse Charge [Y/N]: No Name.....: .General (Cash) Customer Adress...: City.....: State.....: Code: GSTIN No.: PAN No...: PHONE:
--	--

Sr.	Group	Description	HSN	Qty.	Unit	Rate	Disc%	Taxable	IGST	Total
1		BRISTOL		10.00	PKT	100.00		1000.00	28.0	1480.00
2	PARLE B	KRACKJACK 75GM	22323	4.00	PKT	4.71	1.50	18.57	12.0	20.80
				14.00				1018.57		1500.80

Txable Amt	IGST%	IGST.Amt.	Cess%	Cess.Amt.	Lump.Amt.	Disc.Amt:	0.29	E.& O.E.	R/Off:	0.20
18.57	12.00	2.23	0.00	0.00	0.00					
1000.00	28.00	280.00	5.00	50.00	150.00					
1018.57	TOTAL	282.23	TOTAL	50.00	150.00				TOTAL	1501.00

Bank Details: Bank Detail 1 Bank Detail 2	Rs.: One Thousand Five Hundreds One only
--	--

Terms & Condition Invoice/General Note 1 Invoice/General Note 2 Invoice/General Nore 3	Certified that the particulars given above are true and correct. For, Template: CAgE_GST Authorised Signatory
---	---