

**Template: CAgE\_GST**

Original

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1  
Drug Lic No.2GSTIN No.: GSTIN NUMBER  
IT Numb.Invoice No.: SLTDI00001  
Invoice Dt.: 06/01/2018**TAX INVOICE**Transport: RAJKOT GODAWON  
Veh. No.:  
Dt./Time of Supply: 06/01/2021,12:09 pm  
Place of Supply :

Reverse Charge [Y/N]: No

**Debit Memo****Billed To..**Name.....: .General (Cash) Customer  
Adress...:

City.....:

State.....: Code:

**GSTIN No.:**

PAN No...: Mob.:

**Shipped to..**Name.....: .General (Cash) Customer  
Adress...:

City.....:

State.....: Code:

**GSTIN No.:**

PAN No...: Mob:

Sr.	Description	HSN/SAC	Qty.	Rate	T.D.%	Disc.Amt.	Taxable	IGST%	Total
1	MI A-17 SMART 14549848308		1	15750.00			15750.00	28.00	20160.00
			1			0.00	15750.00		20160.00

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
15750.00	28.00	4410.00	20160.00

15750.00	TOTAL	4410.00	20160.00
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E.& O.E. **TOTAL 20160.00**Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: Twenty Thousands One Hundred Sixty only

Terms &amp; 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**

Receiver's Sign:

Authorised Signatory