

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 : .General (Cash) Customer

Party GSTIN No.:
PAN No...:
D.L.No.:

TAX INVOICE

Original

Cash/Debit Memo No.: SLTDI00001

Date : 06/01/2018

Sr.	Description	HSN	M.R.P.	Qty.	Free	Rate	Schm.Amt	C.D.Amt	Taxable	IGST%	Amount
1	BRISTOL			10.0		100.00			1000.00	28.00	1480.00
2	KRACKJACK 75GM 11111/4	22323	6.00	4.0		4.76	0.29	0.19	18.57	12.00	20.80

14.0	0.0	0.29	0.19	1018.57	1500.80
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Txable Amt	IGST%	IGST.Amt.	Cess%	Cess.Amt.	Lump.Amt.	E. & O.E.
18.57	12.00	2.23	0.00	0.00	0.00	
1000.00	28.00	280.00	5.00	50.00	150.00	Invoice/General Note 1 R/Off: 0.00% 0.20
1018.57	TOTAL	282.23	TOTAL	50.00	150.00	Invoice/General Note 2 if(!empty(),1)
						Invoice/General Nore 3 Grand Total 1501.00

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: One Thousand Five Hundreds One only

Terms & Condition:

Certified that particulars given above are true and correct.

Invoice/General Note 1
Invoice/General Note 2
Invoice/General Nore 3

Subject to Local City Jurisdiction

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