

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER
FSSAI NO.: Drug Lic No.1

State Code: 24
PAN No...: IT Numb.

Name : **Customer - 1**

Party GSTIN No.:
PAN No.:

City : JUNAGADH

Vehicle No.:

State: Gujarat

State Code: 24

Trans.:

Original
TAX INVOICE
Debit Memo
No.: SLTD000001
Dt.: 31/12/2017

Sr	Description	HSN	Unit	Bags	Qty.	Rate	Taxable	CGST%	SGST%	Amount
1	KRACKJACK 75GM	22323	PKT	1	5	4.74	23.69	6.00	6.00	26.53
2	MILK SHAKTI 100GM	56565	PKT	1	5	3.94	19.70	6.00	6.00	22.06
				2	10		43.39			48.59

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
43.39	6.00	2.60	6.00	2.60	48.59

R/Off: 0.41

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

TOTAL: 49.00

M.N.Sagani

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

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