

# Template: CAge\_GST

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

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

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

Name : **.General (Cash) Customer**

Party GSTIN No.:

PAN No.:

City :

Vehical No.:

State:

State Code:

Trans.:

Original  
Bill of Supply  
Debit Memo  
No.: SLRD000001  
Dt.: 06/01/2018

Sr	Description	HSN	Unit	Bags	Qty.	Rate	Amount
1	KISMI 400GM		POUCH	1	10	24.04	240.38
				1	10		240.38

Txable Amt    Tot.Amt.  
240.38        240.38

R/Off:                    -0.38

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

TOTAL:                    240.00

*M.N.Sagani*

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

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