

# 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 :

Vehicle No.:

State:

State Code:

Trans.: RAJKOT GODAWON

Original

TAX INVOICE

Debit Memo

No.: SLTDI00001

Dt.: 06/01/2018

Sr	Description	HSN	Unit	Bags	Qty.	Rate	Taxable	IGST%	Amount
1	KRACKJACK 75GM	22323	PKT	1	5	4.76	23.81	12.00	26.67
2	MONACO 75GM	55555	PKT	1	10	4.77	47.65	12.00	53.37
				2	15		71.46		80.04

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
71.46	12.00	8.58	80.04

R/Off: -0.04

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

TOTAL: 80.00

M. N. Saglani

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

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