

**Template: CAge\_GST**

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

PAN No.: IT Numb.

Original

**Billed To..**Name.....: **Customer - 1**

Adress...:

**TAX INVOICE**

Debit Memo

Invoice No.: SLTD000001

City.....: JUNAGADH

State....: Gujarat

Code: 24

Invoice Dt.: 31/12/2017

**GSTIN No.:**

PHONE: 9288349223

PAN No...:

Veh. No..:

Sr.	CHLNO	CHLNDT	Description	HSN	Qty	UNIT	Rate	Taxable	CGST%	SGST%	Total
1	0001	31/12/20	KRACKJACK 75GM	22323	5	PKT	4.74	23.69	6	6	26.53
2			MILK SHAKTI 100GM	56565	5	PKT	3.94	19.70	6	6	22.06
					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

43.39 TOTAL	2.60 TOTAL	2.60	48.59
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**TOTAL 49.00**

Rs.:FortyNine only

Certified that the particulars given above are true and correct.

**For, Template: CAge\_GST**

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

Authorised Signatory