

Template: CAge_GST

Address Line 1 Address Line 2
 City State
 Phone: Pnone 1, Phone 2
GSTIN No.: GSTIN NUMBER
 PAN No...: IT Numb.
 D.L.No...: Drug Lic No.1
 Drug Lic No.2

Billed & Supplied to :.
 M/S : **Customer - 1**

CITY : JUNAGADH Gujarat
GSTIN No.: PAN No.:
 D.L.No...:

TAX INVOICE
 Original

Debit Memo
 No. : SLTD000001
 Dt. : 31/12/2017

Sr	Description	MFG	HSN	Unit	Batch	ExpDt	R.P.	Qty.	Free	C.D.%	Disc%	PTR	Taxable	CGST	SGST	Total Amt.
1	KRACKJACK 75GM	PARLE	22323	PKT	11111	01/22	6.00	5.0		0.50		4.76	23.69	6.0	6.0	26.53
2	MILK SHAKTI 100GM	PARLE	56565	PKT	22222	02/22		5.0		0.50		3.96	19.70	6.0	6.0	22.06
								10.0	0.0				43.39			48.59

Rs.:FortyNine only

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	E.& O.E.	R/Off:	0.41
43.39	6.00	2.60	6.00	2.60	48.59			

Transport: .
 L.R.: Dt : Cases:
 Interest will be charged @24% p.a. after
DUE DATE :
 Invoice/General Note 1
 Invoice/General Note 2
 We give no under taking whatever to accept a return of goods for exchange.
 Subject to Local City Jurisdiction OprtrCd:1 : 1, 1

43.39 TOTAL 2.60 TOTAL 2.60 48.59

NOTE :- Certified that particulars given above are true and correct.
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Mzi