

Template: CAge_GST Address Line 1 Address Line 2 City State Pin Phone: Phone 1, Phone 2								GSTIN No.: GSTIN NUMBER PAN No...: IT Numb. D.L. No...: Drug Lic No.1				
Name : Customer - 1 Party GSTIN No.: PAN No...: D.L.No.: JUNAGADH								TAX INVOICE Original Cash/Debit Memo No.: SLTD000001 Date : 31/12/2017				
Sr.	Description	HSN	M.R.P.	Qty.	Free	Rate	Schm.Amt	C.D.Amt	Taxable	CGST%	SGST%	Amount
1	KRACKJACK 75GM 11111/5	22323	6.00	5.0		4.76		0.12	23.69	6.00	6.0	26.53
2	MILK SHAKTI 100GM 22222/5	56565		5.0		3.96		0.10	19.70	6.00	6.0	22.06
				10.0	0.0		0.00	0.22	43.39			48.59
Txable Amt CGST% CGST.Amt. SGST% SGST.Amt. Tot.Amt.								E. & O.E.				
43.39 6.00 2.60 6.00 2.60 48.59												
43.39 TOTAL 2.60 TOTAL 2.60 48.59								Invoice/General Note 1 R/Off: 0.00% 0.41 Invoice/General Note 2 if(!empty(),1 Invoice/General Nore 3 Grand Total 49.00				
Subject to Local City Jurisdiction								Certified that particulars given above are true and correct. For, Template: CAge_GST				