

**Template: CAGE\_GST**

Original

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.

Invoice No.: SLTD000001

Dt./Time of Supply : 31/12/2020,11:02 am

Invoice Dt.: 31/12/2017

**TAX INVOICE**

Place of Supply :

Challan No.: Challan Dt:

Transport: .

L.R.No.: L.R.Dt:

**Debit Memo**

Veh. No.:

No. of Case:

Reverse Charge [Y/N]: No

**Billed To..**

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat

Code: 24

**GSTIN No.:**

PAN No:

Phone No.: 9288349223

9999988888

**Shipped to..**

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat

Code: 24

**GSTIN No.:**

PAN No:

Phone No.: 9288349223

9999988888

Sr	Description	HSN	Qty.	Unit	Rate	Disc%	Taxable	CGST%	SGST%	Total
1	KRACKJACK 75GM 11111	22323	5.000	PKT	4.74		23.69	6.00	6.00	26.53
2	MILK SHAKTI 100GM 22222	56565	5.000	PKT	3.94		19.70	6.00	6.00	22.06
			10.000				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

Disc.Amt:	E. & O.E.	R/Off:	0.41
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43.39 TOTAL	2.60 TOTAL	2.60	48.59
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Total Ltr.: 0.000

Total Kg.: 0.000

**Curr A/c Balance: 49.00**

**TOTAL 49.00**

Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: FortyNine only

**Terms & Condition**

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Note 3

Certified that the particulars given above are true and correct.

**For, Template: CAGE\_GST**

Autho.Sign.