

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.: SLRD000001

Dt./Time of Supply : 12/01/2021,10:58 am

Invoice Dt.: 06/01/2018

Bill of Supp

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.....: .General (Cash) Customer

Adress...:

City.....:

State.....:

Code:

GSTIN No.:

PAN No:

Phone No.:

Shipped to..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....:

Code:

GSTIN No.:

PAN No:

Phone No.:

Sr.	Description	HSN	Qty.	Unit	Rate	Disc%	Total
1	KISMI 400GM 644646		10.000	POUCH	24.04		240.38
			10.000				240.38

Rs.: Two Hundreds Forty only

Disc.Amt: E.& O.E.

R/Off: -0.38

Bank Details: Bank Detail 1
Bank Detail 2

Total Ltr.: 0.000

Total Kg.: 0.000

Curr A/c Balance: 320.00

TOTAL 240.00

Terms & Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

For, Template: CAGE_GST

Invoice/General Note 2

Invoice/General Note 3

Autho.Sign.