

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.: SLTDI00001

Dt./Time of Supply : 06/01/2021,12:09 pm

Invoice Dt.: 06/01/2018

TAX INVOICE

Place of Supply :

Challan No.: Challan Dt:

Transport: RAJKOT GODAWON

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.....:

GSTIN No.:

Phone No.:

Code:

PAN No:

Shipped to..

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

Adress...:

City.....:

State.....:

GSTIN No.:

Phone No.:

Code:

PAN No:

Sr	Description	HSN	Qty.	Unit	Rate	Disc%	Taxable	IGST%	Total
1	KRACKJACK 75GM 11111	22323	5.000	PKT	4.76		23.81	12.00	26.67
2	MONACO 75GM 33333	55555	10.000	PKT	4.77		47.65	12.00	53.37
			15.000				71.46		80.04

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
71.46	12.00	8.58	80.04

Disc.Amt:	E.& O.E.	R/Off:	-0.04
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71.46	TOTAL	8.58	80.04
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Total Ltr.: 0.000

Total Kg.: 0.000

Curr A/c Balance: 320.00

TOTAL 80.00

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: Eighty only

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.