

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 :

Debit Memo

Transport: .

Veh. No.:

Reverse Charge [Y/N]: No

Billed To..

Name.....: **Customer - 1**

Adress...:

City.....: JUNAGADH

State....: Gujarat Code: 24

GSTIN No.:

PAN No...: PHONE: 9288349223

Shipped to..

Name.....: **Customer - 1**

Adress...:

City.....: JUNAGADH

State....: Gujarat Code: 24

GSTIN No.:

PAN No...: PHONE: 9288349223

BOX NO	Description	HSN	Qty.	Rate Per Pcs	Taxable	CGST%	SGST%	Total
11111	KRACKJACK 75GM	22323	5.000	4.74	23.69	6.00	6.00	26.53
22222	MILK SHAKTI 100GM	56565	5.000	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

E. & O.E.

R/Off:

0.41

43.39 TOTAL	2.60 TOTAL	2.60	48.59
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TOTAL

49.00

Bank Details: Bank Detail 1
Bank Detail 2

Rs.: FortyNine 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

Authorised Signatory