

**Template: CAGE\_GST**

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

**TAX INVOICE**

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Original

Drug Lic No.2

IT Numb.

Invoice No.: SLTDI00001

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

Invoice Dt.: 06/01/2018

Debit Memo

Place of Supply :

Transport: RAJKOT GODAWON

L.R.No.: Dt:

Veh. No.:

No. of Cases :

Reverse Charge [Y/N]: No

**Billed To..**Name.....: **.General (Cash) Customer**

Adress...:

City.....:

State.....:

Code:

**GSTIN No.:**

PAN No....:

**Shipped to..**Name.....: **.General (Cash) Customer**

Adress...:

City.....:

State.....:

Code:

**GSTIN No.:**

PAN No....:

BOX NO	Description	HSN	Qty.	Rate Per Pcs	Taxable	IGST%	IGST Amt.	Total
11111	KRACKJACK 75GM	22323	5.000	4.76	23.81	12.00	2.86	26.67
33333	MONACO 75GM	55555	10.000	4.77	47.65	12.00	5.72	53.37
			15.000		71.46		8.58	80.04

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

R/Off: -0.04

71.46	TOTAL	8.58	80.04
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E.&amp; O.E.

**TOTAL****80.00**Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: Eighty only

Terms &amp; 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