

**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

Place of Supply :

**DELEVERY MEMO**

Transport: .

Veh. No.:

Reverse Charge [Y/N]: No

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

Adress...:

City.....:

State.....:

Code:

**GSTIN No.:**

PAN No...:

PHONE:

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

Adress...:

City.....:

State.....:

Code:

**GSTIN No.:**

PAN No...:

PHONE:

BOX NO	Description	HSN	Qty.	Rate Per Pcs	Taxable	CGST%	SGST%	Total
644646	KISMI 400GM		10.000	24.04	240.38			240.38
			10.000		240.38			240.38

Txable Amt	Tot.Amt.
240.38	240.38

E.&amp; O.E.

R/Off:

-0.38

240.38	240.38
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**TOTAL****240.00**Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: Two Hundreds Forty 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