

Template: CAge_GST

Phone: Pnone 1, Phone 2

Address Line 1 Address Line 2 City State Pin

Bill of Supply

Cash/Debit Memo

GSTIN No.: GSTIN NUMBER

Patient ...: JAMANBHAI

JUNAGADH

Inv.No. SLRD000001

Date : 06/01/2018

Sr.	Quantity	Description	Mfg.	Pack	RATE	Disc.%	Amount
1	10.000	KISMI 400GM	PARLE	POUCH	24.04		240.38

NOTE:- Invoice/General Note 1
Invoice/General Note 2
Invoice/General Nore 3

Basic Total 240.38

Total (R/O) 240.00

For, Template: CAge_GST

E.& O.E. Subject to Local City Jurisdiction