

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin
 Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER
 PAN No....: IT Numb.
 FSSAI NO.: Drug Lic No.1
 State Code: 24

Name : **Customer - 1**

Party GSTIN No.:
 PAN No...:
 TRANSPORT.: .
 Party Ph.No.: 9288349223

City : JUNAGADH
 State: Gujarat State Code: 24

TAX INVOICE
Original
Debit Memo

Inv.No.: SLTD000001
 Inv.Dt.: 31/12/2017

Sr	Description	HSN	Unit	Bags	Qty.	Rate	Taxable	CGST%	SGST%	Amount
1	MILK SHAKTI 100GM	56565	PKT		5.000	3.96	19.80	6.00	6.00	22.18
2	KRACKJACK 75GM	22323	PKT		5.000	4.76	22.61	6.00	6.00	25.33
TOTAL				0	10.000		42.41			47.51

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
42.41	6.00	2.55	6.00	2.55	47.51
42.41	TOTAL	2.55	TOTAL	2.55	47.51

R/Off: 0.49
 O/S AMT: **48.00**
 TOTAL: **48.00**

Bank Detail 1
 Bank Detail 2
 Invoice/General Note 1
 Invoice/General Note 2
 E.& O.E. Subject to Local City Jurisdiction

For, Template: CAge_GST

TO.Customer - 1

BILL NO. DATE BILL AMOUNT
 SLTD000001 31/12/2017 **48.00**

Receiver's Signature