

Template: CAge_GSTAddress Line 1 Address Line 2 City State Pin
Phone: Phone 1, Phone 2GSTIN No.: GSTIN NUMBER
PAN No....: IT Numb.
FSSAI NO.: Drug Lic No.1
State Code: 24

Name : .General (Cash) Customer

Party GSTIN No.:
PAN No...:
TRANSPORT.: .
Party Ph.No.:City :
State: State Code:**Bill of Supply
Original
Debit Memo**Inv.No.: SLRD000001
Inv.Dt.: 06/01/2018

Sr	Description	HSN	Unit	Bags	Qty.	Rate	Amount
1	KISMI 400GM		POUCH	1	10.000	24.04	240.38
TOTAL				1	10.000		240.38

R/Off: -0.38

OUT STANDING BILL AMT: 320.00

TOTAL: 240.00

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..General (Cash) Customer

BILL NO.
SLRD000001DATE
06/01/2018BILL AMOUNT
240.00

Receiver's Signature