

# 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 : .General (Cash) Customer

Party GSTIN No.:  
 PAN No...:  
 City : TRANSPORT..: RAJKOT GODAWON  
 State: State Code: Party Ph.No.:

## TAX INVOICE Original Debit Memo

Inv.No.: SLTDI00001  
 Inv.Dt.: 06/01/2018

Sr	Description	HSN	Unit	Bags	Qty.	Rate	Taxable	IGST%	Amount
1	KRACKJACK 75GM	22323	PKT	1	5.000	4.76	23.81	12.00	26.67
2	MONACO 75GM	55555	PKT	1	10.000	4.77	47.65	12.00	53.37
<b>TOTAL</b>				2	15.000		71.46		80.04

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
71.46	12.00	8.58	80.04
71.46	<b>TOTAL</b>	8.58	80.04

O/S AMT: **320.00**

R/Off: -0.04  
**TOTAL: 80.00**

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. DATE BILL AMOUNT  
 SLTDI00001 06/01/2018 **80.00**

Receiver's Signature