

Bill of Supply

Template: CAGE_GST
 Address Line 1 Address Line 2 City State Pin
 Phone : Pnone 1, Phone 2,
 GSTIN No.: GSTIN NUMBER
 PAN No.: IT Numb.

Debit Memo

Original

Drug Lic No.1
 Drug Lic No.2

Billed/Shipped To.. Name.....: .General (Cash) Customer Adress...: City.....: State....: Code: GSTIN No.: PAN No...: Phone No.:							Invoice No.: SLRD000001 Invoice Dt.: 06/01/2018 Challan No.: Pur.Ord.No.: Dt: Transport... : L.R.No.....: Dt: Cases: POS.....:					
--	--	--	--	--	--	--	--	--	--	--	--	--

Sr.	Description	HSN	Mfg.	Batch	Exp.Dt.	Unit	M.R.P.	Qty.	Rate	Disc%	ExtraDisc	Total
1	KISMI 400GM		PARLE	644646	06/2022	POUCH	30.00	10.000	24.04			240.38
								10.000				240.38

Rs.: Two Hundreds Forty only	Note:-	R/Off: -0.38
NON TAXABLE GOODS BILL OF SUPPLY	TOTAL O/S BALANCE 320.00	TOTAL 240.00
Bank Details		
Bank Detail 1		
Bank Detail 2		

Terms & Condition Invoice/General Note 1 Invoice/General Note 2 Invoice/General Nore 3

Certified that the particulars given above are true and correct.
For, Template: CAGE_GST

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