

Template: Cage_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Original

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

IT Numb.

Invoice No.: SLTD000001

Invoice Dt.: 31/12/2017

TAX INVOICE

Dt./Time of Supply : 31/12/2020,11:02 am

Place of Supply :

Transport: .

Debit Memo

Veh. No.:

Reverse Charge [Y/N]: No

Billed To..

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat

Code: 24

GSTIN No.:

PAN No...:

Shipped to..

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat

Code: 24

GSTIN No.:

PAN No...:

Sr.	Description	HSN	Bags	Qty.	Rate	Taxable	CGST%	SGST%	Total
1	MILK SHAKTI 100GM	56565		5.000	3.96	19.80	6.00	6.00	22.18
2	KRACKJACK 75GM	22323		5.000	4.76	22.61	6.00	6.00	25.33
			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

Sales Man:

R/Off:

0.49

42.41 TOTAL	2.55 TOTAL	2.55	47.51
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E. & O.E.

TOTAL**48.00**Bank Details: Bank Detail 1
Bank Detail 2

Rs.: FortyEight only

Terms & Condition

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Note 3

Certified that the particulars given above are true and correct.

For, Template: Cage_GST

Authorised Signatory