

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.: SLRD000001

Invoice Dt.: 06/01/2018

Bill of Supply

Debit Memo

Dt./Time of Supply : 12/01/2021,10:58 am

Place of Supply :

Transport: .

Veh. No.:

Reverse Charge [Y/N]: No

Billed To..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....: Code:

GSTIN No.:

PAN No...:

Shipped to..

Name.....: .General (Cash) Customer

Adress...:

City.....:

State.....: Code:

GSTIN No.:

PAN No...:

Sr.	Description	HSN	Bags	Qty.	Rate	Total
1	KISMI 400GM		1	10.000	24.04	240.38
			1	10.000		240.38

Rs.: Two Hundreds Forty only

R/Off: -0.38

Sales Man:

E.& O.E.

TOTAL 240.00

Bank Details: Bank Detail 1
Bank Detail 2

* Composite Taxable Person, not eligible to collect tax on supplies.

Terms & Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

For, Template: CAgE_GST

Invoice/General Note 2

Invoice/General Note 3

Authorised Signatory