

**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.: SLTDIO0001

Dt./Time of Supply : 06/01/2021,12:09 pm

Invoice Dt.: 06/01/2018

**TAX INVOICE**

Place of Supply :

**Debit Memo**

Transport: RAJKOT GODAWON

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	IGST%	I GST AMOUT	Total
1	KRACKJACK 75GM	22323	1	5.000	4.76	12.00	2.86	26.67
2	MONACO 75GM	55555	1	10.000	4.77	12.00	5.72	53.37
			2	15.000			8.58	80.04

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
71.46	12.00	8.58	80.04

Sales Man:

R/Off: -0.04

71.46	TOTAL	8.58	80.04
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E.& O.E.

**TOTAL 80.00**

Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: Eighty 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