

Billed To..	Bill of Supply		Debit Memo
Name....: .General (Cash) Customer			Original
Adress..:		Invoice No.: SLRD000001	
		Invoice Dt.: 06/01/2018	
		Time of Sup.: 12/01/2021,10:58 a	
City....:		Place Of Sup:	
State...:	Code:	Transport...: .	
GSTIN No:	RCM.: No	L.R.No.....:	Dt.:
PAN No..:	Phone:	Veh. No.....:	

Sr.	Description	HSN	Qty.	Unit	Rate	Disc.	Total
1	KISMI 400GM 644646		10.000	POUCH	24.04		240.38
			10.000				240.38

Rupees: Two Hundreds Forty only	R/Off: -0.38
Note:	
Bank Details: Bank Detail 1	TOTAL
Bank Detail 2	240.00
	E.& O.E.

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

Terms & Condition

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Nore 3

For, Template: CAge_GST

Authorised Signatory