

II Shreenathji Krupa II

Template: Cage_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1
Drug Lic No.2

GSTIN No.: GSTIN NUMBER

Original

PAN No.: IT Numb.

Mail Id:

Invoice No.: SLTD000001
Invoice Dt.: 31/12/2017

TAX INVOICE

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

Place of Supply :

Transport: .

Original InvNo.:
Dt: 31/12/2017

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....: PHONE: 9288349223

Shipped to..

Name.....: **Customer - 1**
Adress....:

City.....: JUNAGADH
State....: Gujarat Code: 24

GSTIN No.:
PAN No....: PHONE: 9288349223

Sr.	Description	HSN	Qty.	Unit	Rate	Disc%	Taxable	CGST%	SGST%	Total
1	MILK SHAKTI 100GM	56565	5.000	PKT	3.96		19.80	6.00	6.00	22.18
2	KRACKJACK 75GM	22323	5.000	PKT	4.76	5.00	22.61	6.00	6.00	25.33
			10.000				42.41			47.51

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	Disc.Amt:	1.19	E.& O.E.	R/Off:	0.49
42.41	6.00	2.55	6.00	2.55	47.51					
42.41	TOTAL	2.55	TOTAL	2.55	47.51				TOTAL	48.00

Rs.: FortyEight only

PREV BAL:
NET BAL.: **48.00**

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

Authorised Signatory