

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.: SLRD000001  
Invoice Dt.: 06/01/2018

**Bill of Supp**

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

Place of Supply :

Transport: .

Original InvNo.:  
Dt: 06/01/2018

**Debit Memo**

Veh. No.:

Reverse Charge [Y/N]: No

**Billed To..**  
Name.....: **.General (Cash) Customer**  
Adress...:

**Shipped to..**  
Name.....: **.General (Cash) Customer**  
Adress...:

City.....:  
State.....: Code:

City.....:  
State.....: Code:

**GSTIN No.:**  
PAN No...: PHONE:

**GSTIN No.:**  
PAN No...: PHONE:

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

* Composite Taxable Person, not aligible to collect tax on supplies.  Rs.: Two Hundreds Forty only	Disc.Amt:	E. & O.E.	R/Off:	-0.38
			<b>TOTAL</b>	<b>240.00</b>

Bank Details: Bank Detail 1 Bank Detail 2	PREV BAL: 80.00 NET BAL.: 320.00
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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