

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.: SLTDIO0001
Invoice Dt.: 06/01/2018

TAX INVOICE

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

Place of Supply :

Transport: RAJKOT GODAWON

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.	Rate	Disc%	Taxable	IGST%	IGST AMT	Total
1	KRACKJACK 75GM	22323	5.000	4.76		23.81	12.00	2.86	26.67
2	MONACO 75GM	55555	10.000	4.77		47.65	12.00	5.72	53.37
			15.000			71.46			80.04

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

Disc.Amt: E.& O.E. R/Off: -0.04

71.46 TOTAL 8.58 80.04

TOTAL 80.00

Rs.: Eighty only

PREV BAL: 240.00
NET BAL.: 320.00

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