

GSTIN No.: GSTIN NUMBER

Pan No...: IT Numb.

Bill of Supply

Debit Memo

Original

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| Billed To.. Name.....: .General (Cash) Customer Adress...: City.....: State.....: Code: GSTIN No.: PAN No...: PHONE: | | | | Invoice No.....: SLRD000001 Invoice Dt.....: 06/01/2018 Dt./Time of Supply: 12/01/2021,10:58 am Place of Supply : Transport: . L.R.No....: Cases.....: Veh. No...: Reverse Charge [Y/N]: No | | | |
|---|--|--|--|---|--|--|--|

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

| | | | | |
|------------------------------|-----------|-----------|--------------|---------------|
| Rs.: Two Hundreds Forty only | Disc.Amt: | E. & O.E. | R/Off: | -0.38 |
| | | | TOTAL | 240.00 |

Bank Details: Bank Detail 1
 Bank Detail 2

* Composite Taxable Person, not eligible to collect tax on supplies.
 Terms & Condition Certified that the particulars given above are true and correct.
 Invoice/General Note 1 **For, Template: CAge_GST**
 Invoice/General Note 2
 Invoice/General Nore 3
 Authorised Signatory