GSTIN No.: GSTIN NUMBER
Pan No...: IT Numb.

Debit Memo

TAX INVOICE

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

City.....: JUNAGADH
State....: Gujarat Code: 24
GSTIN No.:
PAN No...: PHONE: 9288349223

Invoice No.....: SLTD000001
Invoice Dt.....: 31/12/2017
Dt./Time of Supply: 31/12/2020,11:02 am
Place of Supply :
Transport: .
L.R.No...:
Cases....:
Veh. No..:
Reverse Charge [Y/N]: No

Sr.	Description	HSN	Qty.	Unit	Rate	Disc%	CGST%	SGST%	Net Rate	Total
1	MILK SHAKTI 100GM	56565	5.000	PKT	3.96		6.00	6.00	4.44	22.18
2	KRACKJACK 75GM	22323	5.000	PKT	4.76	5.00	6.00	6.00	5.07	25.33
			10.000						9.50	47.51

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
42.41	6.00	2.55	6.00	2.55	47.51
42.41	TOTAL	2.55	TOTAL	2.55	47.51

Disc.Amt: 1.19 E.& O.E.

R/Off: 0.49

TOTAL 48.00

Rs.: FortyEight only

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