

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

Pan No...: IT Numb.

Debit Memo

Original

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

Disc.Amt: 1.19 E.& O.E. R/Off: 0.49

42.41 TOTAL 2.55 TOTAL 2.55 47.51

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