

# Template: CAge\_GST

Original

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Drug Lic No.1

Drug Lic No.2

Invoice No.: SLTDO00001

Invoice Dt.: 31/12/2017

Pur.Ord.No.: Dt:

L.R.No.: Dt:

No. of Case: **E-WAY-BILL No.**

**TAX INVOICE**

**Debit Memo**

Dt./Time of Supply : 31/12/2020,11:02 am

Place of Supply :

Transport: .

Veh. No.:

Reverse Charge [Y/N]: No

**Billed To..**

Name.....: **Customer - 1**

Adress...:

City.....: JUNAGADH

State....: Gujarat Code: 24

**GSTIN No.:**

PAN No...: PHONE: 9288349223

**Shipped to..**

Name.....: **Customer - 1**

Adress...:

City.....: JUNAGADH

State....: Gujarat Code: 24

**GSTIN No.:**

PAN No...: PHONE: 9288349223

Sr.	Description	HSN	Qty.	FREE	Unit	Cartuns	Rate	Disc%	Taxable	CGST%	SGST%	Total
1	MILK SHAKTI 100GM	56565	5.000		PKT		3.96		19.80	6.00	6.00	22.18
2	KRACKJACK 75GM	22323	5.000		PKT		4.76	5.00	22.61	6.00	6.00	25.33
			10.000	0		0.0			42.41			47.51

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.
42.41	6.00	2.55	6.00	2.55



E. & O.E.

R/Off: 0.49

42.41 TOTAL	2.55 TOTAL	2.55
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Disc.Amt:	1.19
<b>TOTAL</b>	<b>48.00</b>

**Bank Details: Bank Name;Branch City**  
A/c no.;IFSC Code

Rs.: FortyEight only

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**

**TOTAL OUT STANDING AMOUNT:-**

**48.00**

Authorised Signatory