

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.

Bill of Supply
Original

Invoice No.: SLRDO00001
Invoice Dt.: 06/01/2018
Ord.Ord.No.: Dt.:
Challan No.: Dt.:

Debit Memo

Veh.No.:
Time of Sup: 12/01/2021,10:58 am
State: State
State Code: 24

Billed To..
Name....: .General (Cash) Customer
Adress..:

City....:
State...: Code:
GSTIN No:
PAN No..:

Shipped to..
Name....: .General (Cash) Customer
Adress..:

City....:
State...: Code:
GSTIN No:
PAN No..:

Sr.	Description	HSN	Qty.	FREE	Unit	Cartuns	Rate	Disc.	Total
1	KISMI 400GM 644646		10.000		POUCH		24.04		240.38
			10.000	0		0			240.38

Transp.: .
Rupees: Two Hundreds Forty only

L.R.No.: Dt:



R/Off: -0.38

Note:

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

E.& O.E.

TOTAL 240.00

* Composition taxable person, not eligible to collect tax on supplies.

Terms & Condition Certified that the particulars given above are true and correct.

For, Template: CAge_GST

Invoice/General Note 1
Invoice/General Note 2
Invoice/General Nore 3

Authorised Signatory