

# Template: CAge\_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

IT Numb.

**TAX INVOICE**

Original

Drug Lic No.1

Drug Lic No.2

Invoice No.: SLTDI00001

Invoice Dt.: 06/01/2018

Pur.Ord.No.: Dt:

L.R.No.: Dt:

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

**Debit Memo**

Dt./Time of Supply : 06/01/2021,12:09 pm

Place of Supply :

Transport: RAJKOT GODAWON

Veh. No.:

Reverse Charge [Y/N]: No

**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	Rate	Cartuns	Disc.%	Taxable	IGST%	IGST Amt.	Total
1	KRACKJACK 75GM	22323	5.000		4.76			23.81	12.00	2.86	26.67
2	MONACO 75GM	55555	10.000		4.77			47.65	12.00	5.72	53.37
			15.000	0		0		71.46		8.58	80.04

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
71.46	12.00	8.58	80.04



R/Off: -0.04

71.46	TOTAL	8.58	80.04
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E.& O.E. **TOTAL 80.00**

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

Rs.: Eighty 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**

Authorised Signatory