

Template : CAgE_GST

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Mobile: Phone 2

State: State 24 GSTIN No.: GSTIN NUMBER

Debit Memo

PAN No.: IT Numb.

TAX INVOICE

Billed To.. Customer - 1 Adress...: City.: JUNAGADH Ph. 9288349223 State....: Gujarat Code: 24 GSTIN No.: PAN No...:	Shipped to. Customer - 1 Adress...: City.: JUNAGADH Ph.9288349223 State....: Gujarat GSTIN No.: Code: 24 PAN No...:
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Invoice No.: SLTD000001 Invoice Dt.: 31/12/2017 Pur.Ord.No.: Dt: Veh. No....: Reverse Charge [Y/N]: No	Dt./Time of Supply : 31/12/2020,11:02 am Place of Supply : Transport.....: . No. of Cases: L.R.No....: Dt:
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Sr.	Description	HSN	Qty.	Unit	Rate	Disc%	GST %	Total
1	MILK SHAKTI 100GM	56565	5.000	PKT	3.96		12.00	22.18
2	KRACKJACK 75GM	22323	5.000	PKT	4.76	5.00	12.00	25.33
			10.000					47.51

Txable Amt CGST% CGST.Amt. SGST% SGST.Amt. Tot.Amt. 42.41 6.00 2.55 6.00 2.55 47.51	R/Off: 0.49
42.41 TOTAL 2.55 TOTAL 2.55 47.51	TOTAL--> 48.00

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.E.& O.E.

For, Template: CAgE_GST

 Authorised Signatory