

TAX INVOICE

Template: CAge_GST

Debit Memo

Address Line 1 Address Line 2 City State Pin

Phone : Pnone 1, Phone 2,

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Original

Drug Lic No.1

Drug Lic No.2

Billed/Shipped To..

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

Adress...:

City.: **JUNAGADH**

State.: Gujarat

Code: 24

GSTIN No.:

PAN No...:

Phone No.: 9288349223

9999988888

Invoice No.: SLTD000001

Invoice Dt.: 31/12/2017

Challan No.:

Pur.Ord.No.:

Dt:

Transport...:

L.R.No.....:

Dt:

Cases:

POS.....:

Sr.	Description	HSN	Mfg.	Batch	Exp.Dt.	Unit	Qty.	Rate	Sch.	Disc%	CGST%	SGST%	Total
1	MILK SHAKTI 100GM	56565	PARLE	22222	02/2022	PKT	5.000	3.96			6.00	6.00	19.80
2	KRACKJACK 75GM	22323	PARLE	11111	01/2022	PKT	5.000	4.76	5.00		6.00	6.00	23.81
							10.000						43.61

Rs.: FortyEight only

Note:-

SCHEME Rs.

1.19

OTHER Disc.

GST-SUMMARY

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

SGST

2.55

CGST

2.55

IGST

TOTAL O/S BALANCE

48.00

R/Off:

0.49

42.41	TOTAL	2.55	TOTAL	2.55	47.51
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Bank Details

Bank Name;Branch City

A/c no.;IFSC Code

TOTAL

48.00

Terms & Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Note 3

For, Template: CAge_GST

E.& O.E. Subject to Local City Jurisdiction

Authorised Signatory