

Invoice No.: SLRD000001	Bill of Supply	Place of Supply :					
Invoice Dt.: 06/01/2018		Transport: .					
Pur.Ord.No.: Dt:	Debit Memo	L.R.No.: Dt:					
Reverse Charge [Y/N]: No	Original	Veh. No: Cases:					
Billed To.. Name.....: .General (Cash) Customer Adress...: City.....: State.....: Code: GSTIN No.: PAN No...: PHONE:		Shipped to.. Name.....: .General (Cash) Customer Adress...: City.....: State.....: Code: GSTIN No.: PAN No...: PHONE:					
Sr.	Description	HSN CODE	Qty.	Unit	Rate	Disc%	Total
1	KISMI 400GM		10.000	POUCH	24.04		240.38
			10.000				240.38
Txable Amt Tot.Amt.			Disc.Amt:		E. & O.E.	R/Off:	-0.38
240.38 240.38							
240.38 240.38						TOTAL	240.00
Bank Details: Bank Name;Branch City A/c no.;IFSC Code			Rs.: Two Hundreds Forty only				
Certified that the particulars given above are true and correct.						For, Template: CAge_GST	
Terms & Condition Subject to Local City Jurisdiction Invoice/General Note 1			Authorised Signatory				