

Template: CAge_GST

Address Line 1 Address Line 2

City State

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No...: IT Numb.

D.L.No...: Drug Lic No.1

Drug Lic No.2

Bill of Supply
Original**Debit Memo**

No.: SLRD000001

Dt.: 06/01/2018

Billed & Supplied to ..

M/S: **.General (Cash) Customer****GSTIN No.:**

PAN No.:

D.L.No...:

CITY :

| Sr | Description | MFG | HSN | Unit | Batch | ExpDt | R.P. | Qty. | Free | C.D.% | Disc% | PTR | Total Amt. |
|----|-------------|-------|-----|-------|--------|---------|-------|------|------|-------|-------|-------|------------|
| 1 | KISMI 400GM | PARLE | | POUCH | 644646 | 06/2022 | 30.00 | 10.0 | | | | 24.04 | 240.38 |
| | | | | | | | | 10.0 | 0.0 | | | | 240.38 |

Rs.: Two Hundreds Forty only

E.& O.E.

R/Off:

-0.38

Transport: .

L.R.:

Dt :

Cases:

Interest will be charged @24% p.a. after

TOTAL**240.00****Invoice/General Note 1****Invoice/General Note 2**

We give no under taking whatever to accept a return of goods for exchange.

Subject to Local City Jurisdiction

OprtrCd: 1 : 1, 1

Certified that particulars given above are true and correct.

NOTE :-

For, Template: CAge_GST

PARTY'S O/S:-

320.00