

# Template: CAge\_GST

Address Line 1 Address Line 2 City State Pin

Phone : Phone 1, Phone 2,

Drug Lic No.1

**GSTIN No. : GSTIN NUMBER**

PAN No. : IT Numb.

Drug Lic No.2

State: State 24

Debit Memo

**TAX INVOICE**

Original

**Billed To. Customer - 1**

Address:

PAN No.:

Invoice No.: SLTD000001

**GSTIN No:**

Invoice Dt.: 31/12/2017

Phone...: 9288349223 9999988888

DC.No.: Dt:

City.: JUNAGADH

Dt. &amp; Time of Supply: 31/12/2020,11:02 am

Transport.: .

State: Gujarat

Cd: 24

LR No. &amp; Dt.:

Sr	Description	HSN Cd	Mfg.	Batch	Unit	Qty.	Rate	SGST%	CGST%	Total
1	MILK SHAKTI 100GM	56565	PARLE B	22222	PKT	5.000	3.96	6.00	6.00	22.18
2	KRACKJACK 75GM	22323	PARLE B	11111	PKT	5.000	4.76	6.00	6.00	25.33
						10.000				47.51

LAST BALANCE :-

Current Amt.:-

NET BALANCE.:-

48.00

48.00

**\*\*\* GST SUMMRY \*\*\***

NOTE:

R/Off:

0.49

**TOTAL BILL Rs.****48.00**

Txable Amt CGST% CGST.Amt. SGST% SGST.Amt. Tot.Amt

42.41 6.00 2.55 6.00 2.55 47.5

42.41 TOTAL 2.55 TOTAL 2.55 47.5

Amount in Words: Rs. FortyEight only

Bank Details:

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

Terms &amp; Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

**For, Template: CAge\_GST**

Invoice/General Note 2

Invoice/General Note 3

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

Authorised Signatory