

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Phone : Pnone 1, Phone 2,

Drug Lic No.1

GSTIN No. : GSTIN NUMBER

PAN No. : IT Numb.

Drug Lic No.2

State: 24 State

Bill of Supply

Debit Memo

Original **TAX FREE SEEDS INVOICE**

Billed To. .General (Cash) Customer

Adress:

PAN No.:

Invoice No. : **SLRD000001**

Invoice Dt. : **06/01/2018**

D. C. No... : Dt.:

GSTIN No:

State:

Cd:

Transport... :

City..:

Phone...:

LR No. & Dt.:

Dt. & Time of Supply: 12/01/2021,10:58 am

Sr	Description	HSN Cd	Mfg.	CLASS	EXP.DT.	Batch	STD PKG	Qty.	Rate	Total
1	KISMI 400GM		PARLE C		06/2022	644646	POUCH	10.000	24.04	240.38
								10.000		240.38

Amount in Words: Rs.
Two Hundreds Forty only

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

NOTE: R/Off: -0.38

TOTAL BILL Rs. 240.00

AGLA BAKI :- 80.00
ADD:- CURRANT BILL:- 240.00
TOTAL OUSTANDING Amt. **320.00**

Terms & Condition
Invoice/General Note 1
Invoice/General Note 2
Invoice/General Nore 3

Certified that the particulars given above are true and correct.
For, Template: CAge_GST

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

Authorised Signatory