

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No...: IT Numb.

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

Name : .General (Cash) Customer

Party GSTIN No.:

PAN No...:

D.L.No.:

Bill of Supply

Original

Cash/Debit Memo No.: SLRD000001

Date : 06/01/2018

Sr.	Description	HSN	Pack	Loos	Bags	M.R.P.	Qty.	Free	Rate	C.D.Amt	Amount
1	KISMI 400GM 644646/10			10	1	30.0	10.000		24.04		240.38

0

10.000

0

0.00

240.38

E. & O.E.

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Nore 3

Grand Total

240.00

Subject to Local City Jurisdiction

Certified that particulars given above are true and correct.

For, Template: CAge_GST