

Template: CAGE_GST

Original

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

PAN No.: IT Numb.

Invoice No.: SLTD000001

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

Invoice Dt.: 31/12/2017

TAX INVOICE

Place of Supply :

Pur.Ord.No.: Dt:

Transport: .

L.R.No.: Dt:

Debit Memo

Veh. No.:

No. of Cases:

Reverse Charge [Y/N]: No

Billed To..

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat Code: 24

GSTIN No.:

PAN No...: PHONE: 9288349223

Shipped to..

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat Code: 24

GSTIN No.:

PAN No...: PHONE: 9288349223

Sr.	Description	HSN	Qty.	Unit	Rate	Disc%	Taxable	CGST%	SGST%	Total
1	MILK SHAKTI 100GM	56565	5.000	PKT	3.96		19.80	6.00	6.00	22.18
2	KRACKJACK 75GM	22323	5.000	PKT	4.76	5.00	22.61	6.00	6.00	25.33
			10.000				42.41			47.51

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	Disc.Amt:	1.19	E.& O.E.	R/Off:	0.49
42.41	6.00	2.55	6.00	2.55	47.51					
42.41	TOTAL	2.55	TOTAL	2.55	47.51				TOTAL	48.00

Box :- 10 Pack :- Total :- 10

Rs.: FortyEight only

Terms & Condition

Invoice/General Note 1

Invoice/General Note 2

Invoice/General Note 3

Certified that the particulars given above are true and correct.

For, Template: CAGE_GST

Authorised Signatory