

Template: CAgE_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Bill of Supply

Original

Invoice No.: SLRD000001

Debit Memo

Veh.No.:

Invoice Dt.: 06/01/2018

Time of Sup: 12/01/2021,10:58 a

Ord.Ord.No.: Dt.:

State: State

Challan No.: Dt.:

State Code: 24

Billed To..

Name....: .General (Cash) Customer

Adress..:

City....:

State...: Code:

GSTIN No:

PAN No..:

Shipped to..

Name....: .General (Cash) Customer

Adress..:

City....:

State...: Code:

GSTIN No:

PAN No..:

Sr.	Description	HSN	Qty.	Unit	Rate	Disc.	Total
1	KISMI 400GM 644646		10.000	POUCH	24.04		240.38
			10.000				240.38

Transp.: .
Cases:
Rupees: Two Hundreds Forty only

L.R.No.: Dt:

R/Off: -0.38

Note:

TOTAL
240.00

Box :- 10 Pack :- Total :- 10

E.& O.E.

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