

**Template: CAgE\_GST**

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

**TAX INVOICE**

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Original

Drug Lic No.2

IT Numb.

Invoice No.: SLTDI00001

Dt./Time of Supply : 06/01/2021,12:09 pm

Invoice Dt.: 06/01/2018

**Debit Memo**

Place of Supply :

Pur.Ord.No.: Dt:

Transport: RAJKOT GODAWON

L.R.No.: Dt:

Veh. No.:

No. of Cases :

Reverse Charge [Y/N]: No

**Billed To..**

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

Adress...:

City.....:

State.....: Code:

**GSTIN No.:**

PAN No....: Phone:

**Shipped to..**

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

Adress...:

City.....:

State.....: Code:

**GSTIN No.:**

PAN No....: Phone:

Sr.	Description	HSN	Qty.	Rate	Disc.%	Taxable	IGST%	IGST Amt.	Total
1	KRACKJACK 75GM	22323	5.000	4.76		23.81	12.00	2.86	26.67
2	MONACO 75GM	55555	10.000	4.77		47.65	12.00	5.72	53.37
			15.000			71.46		8.58	80.04

Txable Amt	IGST%	IGST.Amt.	Tot.Amt.
71.46	12.00	8.58	80.04

R/Off: -0.04

71.46	TOTAL	8.58	80.04
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E.& O.E. **TOTAL 80.00**

Box :- 15 Pack :- Total :- 15

Rs.: Eighty only

**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**

Authorised Signatory