

Template: CAgE_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Bill of Supply

Original

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Invoice No.: SLRD000001	Debit Memo	Vehicle No.:
Invoice Dt.: 06/01/2018		Container No:
Ord.Ord.No.:	Dt.:	Seal No.....:
Challan No.:	Dt.:	
Broker Name:		State: State
Transport : .		State Code..: 24

Billed To.. Name....: .General (Cash) Customer Address..: City....: State...: Code: GSTIN No: PAN No..: Phone:	Shipped to.. Name....: .General (Cash) Customer Address..: City....: State...: Code: GSTIN No: PAN No..: Phone:
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Sr.	Description	HSN	Qty.	Unit	Rate	Disc.	Total
1	KISMI 400GM 644646		10.000	POUCH	24.04		240.38
			10.000				240.38

L.R.No.:	Dt:	Cases:	R/Off:	-0.38
Rupees: Two Hundreds Forty only				
Note:				
Bank Details: Bank Name;Branch City A/c no.;IFSC Code			TOTAL 240.00 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
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