

II Shreenathji Krupa II

Template: Cage_GST

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1
Drug Lic No.2

GSTIN No.: GSTIN NUMBER

Original

PAN No.: IT Numb.

Mail Id:

Invoice No.: SLTD000001
Invoice Dt.: 31/12/2017

TAX INVOICE

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

Place of Supply :

Transport: .

Original InvNo.:
Dt: 31/12/2017

Debit Memo

Veh. No.:

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	CD%	Disc%	Taxable	GST%	Total
1	MILK SHAKTI 100GM	56565	5.000	PKT	3.92	1.00		19.59	12.00	21.95
2	KRACKJACK 75GM	22323	5.000	PKT	4.76		5.00	22.61	12.00	25.33
			10.000					42.20		47.28

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	Disc.Amt:	1.19 E.& O.E.	R/Off:	-0.28
42.20	6.00	2.54	6.00	2.54	47.28	CASH DISC.:	0.20		
42.20	TOTAL	2.54	TOTAL	2.54	47.28			TOTAL	47.00

Rs.: FortySeven only

PREV BAL:
NET BAL.: **47.00**

Bank Details: Bank Name;Branch City
A/c no.;IFSC Code

Terms & Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1
Invoice/General Note 2
Invoice/General Nore 3

For, Template: Cage_GST

Authorised Signatory