

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.: SLRD000001
Invoice Dt.: 06/01/2018

Bill of Supp

Dt./Time of Supply : 12/01/2021,10:58 am

Place of Supply :

Transport: .

Original InvNo.:
Dt: 06/01/2018

Debit Memo

Veh. No.:

Reverse Charge [Y/N]: No

Billed To..
Name.....: **.General (Cash) Customer**
Adress...:

Shipped to..
Name.....: **.General (Cash) Customer**
Adress...:

City.....:
State.....: Code:

City.....:
State.....: Code:

GSTIN No.:
PAN No...: PHONE:

GSTIN No.:
PAN No...: PHONE:

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

* Composite Taxable Person, not aligible to collect tax on supplies.

Disc.Amt: E.& O.E.
CASH DISC.:

R/Off: -0.38

Rs.: Two Hundreds Forty only

TOTAL 240.00

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

PREV BAL: 80.00
NET BAL.: 320.00

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