

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.: SLTDIO0001
Invoice Dt.: 06/01/2018

TAX INVOICE

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

Place of Supply :

Transport: RAJKOT GODAWON

Original InvNo.:
Dt: 06/01/2018

Debit Memo

Veh. No.:

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	CD%	Disc%	Taxable	IGST%	Total
1	KRACKJACK 75GM	22323	5.000	4.76			23.81	12.00	26.67
2	MONACO 75GM	55555	10.000	4.77			47.65	12.00	53.37
			15.000				71.46		80.04

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

Disc.Amt:	E.& O.E.	R/Off:	-0.04
CASH DISC.:			
		TOTAL	80.00

Rs.: Eighty only

PREV BAL: 240.00
NET BAL.: 320.00

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

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