

**Template: CAGE\_GST**

Original

Address Line 1 Address Line 2 City State Pin

Phone: Phone 1, Phone 2

Drug Lic No.1

GSTIN No.: GSTIN NUMBER

Drug Lic No.2

PAN No.: IT Numb.

Invoice No.: SLTDO00001

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

Invoice Dt.: 31/12/2017

**TAX INVOICE**

Place of Supply :

Pur.Ord.No.: Dt:

Transport: .

L.R.No.: Dt:

**Debit Memo**

Veh. No.:

No. of Case:

Reverse Charge [Y/N]: No

**Billed To..**

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat

Code: 24

**GSTIN No.:**

PAN No...:

**Shipped to..**

Name.....: Customer - 1

Adress...:

City.....: JUNAGADH

State....: Gujarat

Code: 24

**GSTIN No.:**

PAN No...:

Sr	Description	HSN	Weight	Qty.	Unit	Rate	Disc		Taxable	CGST%	SGST%	Total
1	KRACKJACK 75GM 4556/2	22323		2.000	PKT	4.76		Perce	9.52	6.00	6.00	10.66
2	MILK SHAKTI 100GM 5555/2	56565		2.000	PKT	3.96		Perce	7.91	6.00	6.00	8.87
			0.000	4.000					17.43			19.53

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
17.43	6.00	1.05	6.00	1.05	19.53

R/Off: 0.47

17.43	TOTAL	1.05	TOTAL	1.05	19.53
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E. & O.E.

**TOTAL 20.00**

Bank Details: Bank Detail 1  
Bank Detail 2

Rs.: Twenty 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