

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....: 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	Taxable	CGST%	SGST%	Total
1	KRACKJACK 75GM	22323	2.000	PKT	4.62	9.23	6.00	6.00	10.35
2	MILK SHAKTI 100GM	56565	2.000	PKT	0.98	1.96	6.00	6.00	2.20
			4.000			11.19			12.55

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.
11.19	6.00	0.68	6.00	0.68	12.55

E. & O.E. R/Off: 0.45

11.19 TOTAL	0.68 TOTAL	0.68	12.55
-------------	------------	------	-------

TOTAL 13.00Bank Details: Bank Detail 1
Bank Detail 2

Rs.: Thirteen only

Terms & Condition

Certified that the particulars given above are true and correct.

Invoice/General Note 1

For, Template: CAGE_GST

Invoice/General Note 2

Invoice/General Note 3

Authorised Signatory