

Template: CAge_GST

Address Line 1 Address Line 2 City State Pin

Phone: Pnone 1, Phone 2

GSTIN No.: GSTIN NUMBER

PAN No...: IT Numb.

D.L. No...: Drug Lic No.1

Name : Customer - 1

Party GSTIN No.:

PAN No...:

D.L.No.:

TAX INVOICE

Original

Debit Memo

No.: **SLTD000001**Date : **31/12/2017****JUNAGADH**

Sr.	Description	HSN	M.R.P.	Qty.	Free	Rate	Schm.%	C.D.%	Taxable	CGST%	SGST%	Amount
1	KRACKJACK 75GM 11111/5	22323	6.00	5.0		4.74	5.00	0.50	22.51	6.00	6.0	25.21
2	MILK SHAKTI 100GM 22222/5	56565		5.0		3.94	5.00	0.50	18.71	6.00	6.0	20.97

10.0 0.0

41.22

46.18

Txable Amt	CGST%	CGST.Amt.	SGST%	SGST.Amt.	Tot.Amt.	Schm.Amt:	2.18	C.D.Amt:	0.21
41.22	6.00	2.48	6.00	2.48	46.18				

E. & O.E. R/Off: 0.000%

-0.18

41.22 TOTAL 2.48 TOTAL 2.48

Invoice/General Note 1

if(!empty(),le

46.18 Invoice/General Note 2

Total

46.00

Subject to Local City Jurisdiction

Certified that particulars given
above are true and correct.**For, Template: CAge_GST**