

VISHAL ENGG & MILL STORES

AN ISO 9001 - 2015 CO.

63, Central Avenue, Nagpur-440 018. Telefax : 0712-2721637. Contact No.: 0712-2720756 ,
Mob.: 9822265110, 9823679932 E-mail : nik_vems@hotmail.com Website : www.vishalmill.com

Shop No.8 Shri Ram Market, Mayo Hospital Chowk, Nagpur-440018. Contact No.: 0712-2728887 / 2768887
Mob.: 9923930477. E-mail : bss.nagpur@gmail.com Website : www.vishalmill.com

E-way Bill No -

ACK No -

IRN No -

Gstin Number : **27AABFV0428N1ZZ**
Tax is Payable On Reverse Charge : (Yes/No)

Invoice Number :

Invoice Date :

Transport:

Order No. / Order Dt.:

Bill to Address as below:-

Name :

Address :

Contact :

Phone :

State :

State Code :

GSTIN :

PAN NO:-

SHIP TO,

City :

State :

GSTIN :

Statecode :

S.No	Description of Goods	HSN Code	Qty	Unit	Rate	Disc.	Taxable value	Amount	Total Amount
1								%	

Invoice Value (In Words)

Total : C.F. Total:

No. OF Cartoons:

Lr. No. / Lr. Date :

Job Card No.:

Packing & Forwarding

Other Charges

Invoice Total

ICICI BANK CIVIL LINE NAGPUR A/C NO. - 005905000540 IFSC - ICIC0000059

UDYAM ADHAR NO :UDYAM-MH-20-0029179

Amount of Tax Subject to Reverse Charges

YOUR TERM & CONDITION OF SALE

- 1) No claim shall be entertained during transit.
- 2) Goods once sold will neither be taken back nor exchanged.
- 3) Payment of this Bill have to be made within 30 days.
- 4) Interest @24% P.A. will be charged if bill is not paid within 30 days from the date of bill.
- 5) Subject to Nagpur Jurisdiction.

Certified that the Particulars given above are true and correct

Certified that the particular given above are true and correct and the amount indicated represents the price actually charged and there is no flow of additional considerations directly or indirectly from the buyer. And also certified that the GST shown in the invoice is paid by usin accordance with the provisions of Acts/Rules under CGST,SGST OR IGST.

For VISHAL ENGG & MILL STORES

Signature : _____

Authorised Signatory

Name :

Designation :

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Invoice Value (In Words) No. OF Cartoons: Lr. No. / Lr. Date : Job Card No.:	Total :	C.F. Total:
	Packing & Forwarding	
	Other Charges	
	Invoice Total	

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	Signature : _____
	Authorised Signatory
	Name :

Designation :