



Address :

State :

GSTIN :

State Code :

Mob:

INVOICE NO.:
DATE
DM. .NO.
V.NO.
THROUGH
LR. NO.
LR. DATE

HSN CODE

1

OUTSTANDING : 4,115,219.00

HSN	Qty.	Gst%	Gross	Cgst	Sgst	Igst	Total
Total:							

Total Amt.:

Taxable Amt:

E-way Bill No-
ACK No-
IRN No-

OUTSTANDING : 4,115,219.00

HSN	Qty.	Gst%	Gross	Cgst	Sgst	Igst	Total
Total:							

Total Amt.:

Taxable Amt:

E-way Bill No-
ACK No-
IRN No-