



Address :

State :

GSTIN :

State Code :

Mob:

INVOICE NO.:

DATE

DM. .NO.

V.NO.

THROUGH

LR. NO.

LR. DATE

HSN CODE

1

Total Amt.:

OUTSTANDING : 870,580.00

Taxable Amt:

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

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

OUTSTANDING : 870,580.00

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

Total Amt.:

Taxable Amt:

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