



Address :

State :

GSTIN :

State Code :

Mob:

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

HSN CODE

1

Total Amt.:

OUTSTANDING : 968,365.00

Taxable Amt:

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

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

OUTSTANDING : 968,365.00

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

Total Amt.:

Taxable Amt:

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