TAX INVOICE

# Company Name

Address Line 1
Address Line 2
**GSTIN No**

| **Bill to** | **Place of Supply** | **INVOICE No** | **Dated** |
|---|---|---|---|
| **customer name/company name**<br><br>Address<br>GSTIN No - | Name of company to Supply<br>Complete Address to Delivery | DD-TI-04 | **19-Oct-18** |

| **Description of Goods** | **HSN CODE** | **QTY** | **Units** | **RATE** | Amount |
|---|---|---|---|---|---|
| Medical Boxes | 3003 | 5 | Qut | 3000 | 15000 |
| Sheets | 3002 | 50 | no | 200 | 10000 |
| **Total** | | | | | **25000** |
| Less Discount 20% | | | | | 5000 |
| **Taxable Value** | | | | | **20000** |
| **ADD CGST 6%** | | | | 6% | 1200 |
| **ADD SGST 6%** | | | | 6% | 1200 |
| **Total** | | | | | **22400.00** |

Amount Chargeable (in words)
**Rupees Twenty Two Thousand Four Hundred only**
**Company's PAN:**

Note-Please make cheques in favor of **"DD Enterprises"**

**For DD ENTERPRISES**

Authorised Signatory

TAX INVOICE

# Company Name

Address Line 1
Address Line 2
**GSTIN No**

| **Bill to** | **Place of Supply** | **INVOICE No** | **Dated** |
|---|---|---|---|
| **Customer/Business name**<br><br>Plot No., line, city name, State<br>GSTIN No:- | Company name to supply<br>Full Address Details to delivery | DD-TI-05 | **19-Oct-18** |

| **Description of Goods** | **HSN CODE** | **QTY** | **Units** | **RATE** | Amount |
|---|---|---|---|---|---|
| Medical Boxes | 3001 | 5 | Qut | 3000 | 15000 |
| Sheets | 3002 | 50 | no | 200 | 10000 |
| **Total** | | | | | **25000** |
| Less Discount 20% | | | | | 5000 |
| **Taxable Value** | | | | | **20000** |
| **ADD IGST 12%** | | | | 12% | 2400 |
| **Total** | | | | | **22400.00** |

Amount Chargeable (in words)
**Rupees Twenty Two Thousand Four Hundred only**
**Company's PAN:**

Note-Please make cheques in favor of **"DD Enterprises"**

**For DD ENTERPRISES**

Authorised Signatory