PROFORMA INVOICE

ANXON			Invoice No.				Dated				
	5/7 Shan Building		6			5-Apr-23					
Mahalingapuram			Delivery Note			M	Mode/Terms of Payment				
	Vellalore, Coimbatore GSTIN/UIN: 33BRYPS5593J1ZP										
State Name : Tamil Nadu, Code : 33				Reference No. & Date.			Other References				
Contact : 7871203000											
	Fax : Info@mosquitokillermachine.Com				Buyer's Order No.				Dated		
Co	Consignee (Ship to)				Buyer's Graci No.				Dated		
Ca	Cash Sales				D: 11 D N				Dalinam Nata Data		
				Dispatch Doc No.			Delivery Note Date				
State Name : Tamil Nadu, Code : 33											
			Dispatched through				Destination				
				Terms of Delivery							
Вι	yer (Bill to)		,								
Ca	ash Sales										
St	ate Name : Tamil Nadu, Code : 33										
SI	Description of Goods	HSN/SA	С	GST	Quantity	Rate		per	Amount		
No.				Rate	-						
		0546		40.0/	4 51	200	00	Niss	4 =00 00		
1	Insect Killer Body Parts Sider Cover	8516		18 %	4 Nos	390	.00	Nos	1,560.00		
	SGST			1					140.40		
	CGS	T							140.40		
	Tota	al			4 Nos				₹ 1,840.80		
An	nount Chargeable (in words)								E. & O.E		
	R One Thousand Eight Hundred Forty	and Eigh	4.,	naica (a nly						
113			ιy					_			
	HSN/SAC	Taxable	H		ral Tax			Tax	Total		
0.5	16	Value	_	Rate	Amount	Rate		mount	Tax Amount 280.80		
00	16 Total	1,560.0	_	9%	140.40 140.40	9%		140.40 140.4 0			
	TOtal	1,560.0	U		140.40			140.40	200.00		
Tax Amount (in words): INR Two Hundred Eighty and Eighty paise Only											
Declaration for ANXON											
We declare that this invoice shows the actual price of the									ioi AitAoit		
goods described and that all particulars are true and											
								rised Signatory			

SUBJECT TO COIMBATORE JURISDICTION

This is a Computer Generated Invoice