JOB CARD INVOICE

(Rule-46 of CGST Rules-2017)

ORIGINAL FOR RECEPIENT



Place of Supply

State:Karnataka

GSTIN/Unique ID:

State Code :29

Addres:

Name of the Supplier : M.G.B. Motor and Auto Agencies PL Address:Survey no. 217/AA,Gandi Maisamma Chowrasta,Dommara Pochampally Road, Quthbullapur (M), State:Telangana

State Code:36 GSTIN:36AACCM3689E1ZC PAN:AACCM3689E

CIN:

Place of Delivery

SANGANAGOUDAM DYAMANAGOUDAR

Addres: State: State Code: GSTIN/Unique ID: State Code :29 GSTIN/Unique ID : PAN:

Bill To:

Address: State:Karnataka

GST Category Invoice No:13351JLS17180126 Invoice Date: 29/08/2017 Electronic Reference Number Jobcard No.D013351/R/1718/0554 Jobcard Date.28/08/2017 Job Type:Campaign

SANGANAGOUDAM DYAMANAGOUDAR

Vehicle No.KA88XX8888

Ticket No:D013351CRMRS17180547

Ticket Date: 28/08/2017

Chassis No:MBKMC5EKXBN007192 Engine No:6DBE08132

SANGANAGOUDAM DYAMANAGOUDAR

KMS:289876 HR:8765

Model Code :64.00011-0082

INS Date:08/06/2011

Prod Type:25.220 BSIII 9S 6X4 TPR 16CUM BOX -DS23

Item No	Material No	Description of Goods/ Services	SAC Code	Qty	U0M Rate (per item)	Total Value	Disc Value	Taxable Value	CGST/ UTGST		SGST		IGST	
									%	Amt	%	Amt	%	Amt
Labo	our													
1	MTIDC-04	Mechanic deputation - day allowance	998719	1.00	200.00	200.00	0.00	200.00					18	36.00
2	MTIEN6-02	Removal & Installation of Long Block	998719	20.0 0	375.00	7500.00	0.00	7500.00					18	1350.00
						La	oor Total	7700.00						1386.00
							Total	7700.00						1386.00
Whether Reverse charge applicable (Y/N) - NO							Taxable va	alue:					7700.00	
Total CGST/UTGST Payable (in words) :								CGST/UT	GST:					
Total SGST Payable (in words) :								SGST:						
Total IGST Payable (in words) : One Thousand Three Hundred Eighty Six Only							IGST:						1386.00	
Total Invoice value (in words): Nine Thousand and Eighty Six Only							Total Invoice Value :						9086.00	
Decla XYS	ration/ Terms & (Conditions						Signature Name of S Designation Date Place	Signat					
			M.G.B.	Motor a	and Auto Agencies	PL								
GatePass No:					GatePass	Date	э:							
Name:						Tim	e:							
Vehic	cle No:		Chassis No	o :		Eng	ine No:							
						Bill	No:							
C	Customer Name & Signature			Accountant				Authorised Signature	gnatoi	ry				