

TAX INVOICE					
Client Detail :					
Organization Name :	SAGAR				
Registered Address:	Registered Address:				
Consignee Address:	Consignee Address:				
GSTIN:	GSTIN				
W. O. No. :	W. O. No. :				
Dispatch Details :	Dispatch Details:				

SNo.	ltem	HSN Code	QTY.	Rate	%age	Amount
1	Necessary Safety Devices And Equipment. Of Drawing From Cce.	3435	436	64.00	546.00	27,904.00
Total Amount in (INR)						27,904.00
				Total Amount Befor Tax :		
				Add CGST Tax 56% :		
				Add SGST Tax 9% :		
				Add IGST Tax 4% :		
Total GST (1+2+3) :					678.00	
			Grand Total :			8,678.00
				Round Off Amount :		