## **INVOICE No. INVOID1**

Date: 16-12-2018



From: Store Name To: Supplier Name

OtherDetails
OtherDetails
OtherDetails
OtherDetails
OtherDetails
OtherDetails
OtherDetails
OtherDetails
OtherDetails

Sr.no.	Product	Price	Qty.	SubT.	CGST	SGST	Totals
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00
1	ProductName	120.00	10	1200.00	5	5	1400.00

Net Amount	Total Amount	Discount	Gross Amount	Payment Mode	Paid Amount	Balanced	Pre Due	Total Due
23	234	234	234	234	234	234	324	234

## Terms and Condition