

**TAX INVOICE**

Original for Receipt/ Duplicate for Transporter / Triplicate for Supplier

**Name and address of the seller:****GSTIN : 24ALKPD4394B1ZE****BHAGVATI CREATION**N-1-2-3 2ND FLOOR, NARAYAN NAGAR,  
LIMBAYAT, SURAT  
MO.98258-96898

Place Of Supply : GUJARAT

State Code : 24

**Invoice No. : 35****Invoice Date : 20-07-23**

Challan No / Date

Order No / Date

Agent

Vehicle No

Transporter

L. R. No / Date

Your Challan No

**Name and address of the Buyer (Billed To) :**

MANAV FAB

FL NO A902 ADITYA RESIDENCY,  
NANA VARACHHA, MOTI NAGAR SOC.,  
Surat, Gujarat

State Name : GUJARAT

State Code : 24

**GSTIN : 24ANWPK8554A2ZQ****Name and address of the Consignee (Shipped To) :**

State Name :

State Code :

**GSTIN :**

Item / Design No.	HSNCode	PrtChl	Pieces	Rtd	Dmg	Quantity	Rate	LessAmt	DiscAmt	TaxableAmt
ALL OVER	9988					104.00	45.00	0.00	234.00	4446.00