

**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. : 23****Invoice Date : 30-05-23**

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 D.NO-S 104	9988					52.00	115.00	0.00	299.00	5681.00
ALL OVER D.NO- S 104	9988					53.75	60.00	0.00	161.25	3063.75
Discount: 5.00 %      Item Totals :						105.75		0.00	460.25	<b>8744.75</b>

**Bank Details:****Name:****A/C No.:****IFSC:****A/C Type:****Branch:**

INSURANCE

FREIGHT

CGST

SGST

IGST

TCS

0.00

0.00

2.50 %

2.50 %

0.00 %

0.00 %

Due Date : 30-05-23

Rupees : Rupees Nine Thousand One Hundred Eighty Two Only

**Invoice Totals :****9182.00****Terms & Conditions :**

For BHAGVATI CREATION

Receiver's Signature

Prepared By

Authorised Signatory