

Point Of Sale

Date**Invoice No.**

dd- --- -yyyy

Customer Detail

Payment Type

Contact or name

Cash

[illegible]

[illegible]

#	Item Code	Product Name	Qty	MRP	Retail Price	Taxable Value	CGST %RS		CGST %RS		IGST %RS	
60												
61												
62												
63												

Gross Amount

GST Amount

Net Amount