

SUBJECT TO JURISDICTION ONLY

PHONE:

DPT & CO.
"SHRIKUNJ" STATION ROAD
PATAN,GUJARAT -384265
GSTIN: 24ABCDEF1ZX

MAIL ID (હોય તો)

TAX INVOICE					ORIGINAL FOR RECIPIENT DUPLICAT FOR TRANSPORTER TRIPLICATE FOR SUPPLIER					
INVOICE NO:					Mode of Transport :					
INVOICE DATE:					Veh.No :					
					Place OF Supply:					
Details of Recipient Name: Address : State: State Code : GSTIN					Details of Consignee (Shipped to) Name: Address : State: State Code : GSTIN					
S.No	Nameof Goods/services	HSN Code	QUANTITY QTL/KG/GRM	Rate	Total value	CGST		SGST		TOTAL AMOUNT
						Rate	Amount	Rate	Amount	
	KHARAJAT COMMISSION MARKET FEE MAJURI INSURANCE TRANSPORT CHARGES									
	જે ચાજ લગાવતા હોય તે લખવા									
	TOTAL									
					Total					
Invoice Total (In Words) :										
BANK DETAILS (લખવી હોય તો)					For DPT &CO					
BANK NAME:					Authorised Signatory					
BANK ACCOUNT NUMBER:										
BANK BARNCH IFSC CODE:										
PAN NUMBER:										