


Original Tax Invoice																							
												Invoice Number:											
												Invoice Date:											
												Additional information											
												Order No											
												Slot											
												Payable Amount											
												Payment Mode											
												Source											
No. of Items																							
SI No.		Item Description		SKU Code		Quantity		Unit Price *		Unit Tax Value		Gross Value *		Discount/ Margin		CGST Rate(%) Amount		SGST /UTGST Rate(%) Amount		CESS Amount		TOTAL Value	