


ESTIMATED BILL

INVOICE						GSNT NO		:			
						CREDIT DAYS		: 00 DAYS			
INVOICE TO						INVOICE NO		:			
NAME :		DCDC KIDNEY CARE /MGM HOSPITAL		GST NO :		DATE OF ISSUE		: 20/08/2024			
ADDRESS		JAMSHEDPUR		STATE : JHARKHAND		PLACE OF SUPPLY		:			
		EAST SINGHBHUM		STATE CODE : 20		STATE CODE		: 20			
						TRANSPORTION MODE :					
NAME :				GST NO :		VEHICLE NO		:			
ADDRESS				STATE : JHARKHAND		REVERSE CHARGE		:			
				STATE CODE : 20		P.O.NO		:			
SR NO.	DESCRIPTION	QTY	RATE	AMOUNT	CGST		SGST		IGST		TOTAL
		UNIT			RATE	AMT	RATE	AMT	RATE	AMT	
1	PEST CONTROL	1	1500	1500	0.0%	0	0.0%	0			1500.00
TOTAL		1		1500		0		0			1500.00
AMOUNT IN WORD:						TOTAL AMOUNT				1500.00	
						TOTAL GST				0.00	
						LESS FOOD ORDERED ANJU					
						ROUND OF					
						PAYABLE AMOUNT				1500.00	
						GST PAYBLE ON REVERSE CHARGE					
						certified that above inforemation correct					
Terms&conditions											
2.payment should be paid on or before due date.											
3.Interest Will be 18% charge after Due date.											
										 authorised sinatory	