ESTIMATED BILL

	INVOICE		GSNT NO :
			CREDIT DAYS : 00 DAYS
			INVOICE NO :
INVOICE TO			DATE OF ISSUE : 19/10/2024
NAME :	DCDC KIDNEY CARE /MGM HOSPITAL	GST NO :	PLACE OF SUPPLY :
ADDRESS	JAMSHEDPUR	STATE : JHARKHAND	STATE CODE : 20
	EAST SINGHBHUM	STATE CODE : 20	TRANSPORTION MODE :
			VEHICLE NO :
NAME :		GST NO :	REVERSE CHARGE :
ADDRESS		STATE : JHARKHAND	P.O.NO :
		STATE CODE : 20	

SR NO.	DESCRIPTION	QTY UNIT	RATE	AMOUNT	CGST RATE	CGST AMT	SGST RATE	SGST AMT	IGST RATE	IGST AMT	TOTAL
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	

Bank Details	
Bank Name	
Account no.	
Ifsc code	
Branch	

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