

GSTIN No.:

**Tax Invoice / Quotation**

Mob.: +91 9708050801

**TUBES & SANITARY**

Bhagalpur Road, Dumka - 814101, Jharkhand

Billed to: *D. e. D. e. Sadan Hospital*

Address: *DUMKA*

Invoice No. **186**

P.O. No.:

Invoice Date: *13/2/24*

P.O. Date:

Transportation Mode:

Vehicle Number:

State:

Code:

Place of Supply:

GSTIN:

Date of Supply:

S. No.	Description of Goods	HSN Code	Qty.	Rate	Disc.	Amount (Rs.)
<i>1</i>	<i>multipipe -</i>	<i>3917</i>	<i>2P</i>			<i>140=00</i>

TOTAL VALUE

*140=00*

Rs. (in words)

SGST@.....%

CGST@.....%

IGST@.....%

GRAND TOTAL

All Disputes are subject to Local jurisdiction only

I/We hereby certify that my/our registration certificate under the GST Act 2017 is in force on the date on which the supply of the goods specified in the tax invoice is made by me/us and that the transaction of supplies covered by this tax invoice has been effected by me/us and it shall be accounted for in the turnover of supplies while filing of return and the due tax, if any, payable on the supplies has been paid or shall be paid.

*[Signature]*  
**Tubes & Sanitary**  
 Authorised Signatory