

**Tax Invoice**



**DICKON SALES - (from 1-Apr-22)**  
 D-12, TAGORE GARDEN EXTN.  
 NEW DELHI - 110027  
 GSTIN/UIN: 07AQEPA4884G3ZU  
 State Name : Delhi, Code : 07

Invoice No.  
**DSI/2023-24/217**  
 Delivery Note

Dated  
**22-May-23**  
 Mode/Terms of Payment  
**30 DAYS**

Reference No. & Date.  
 DS/2023-24/217 dt. 22-May-23

Other References

Buyer's Order No.  
**87-052023-22502-2**  
 Dispatch Doc No.

Dated  
**22-May-23**  
 Delivery Note Date

Dispatched through

Destination

Terms of Delivery

Buyer (Bill to)

**DCDC HEALTH SERVICES - INTERSTATE**  
 DISTRICT HOSPITAL LAKHIMPUR KHIRI,  
 NEAR T.B. WARD HOSPITAL ROAD, DIST.  
 POLICE LINE, LAKHIMPUR, U.P. - 262701, PH:-  
 6393023652  
 State Name : Uttar Pradesh, Code : 09

Sl	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	BLACK GARBAGE BAG LARGE	3923	5.00 KGS	125.00	KGS	625.00
2	GARBAGE BAG BLACK SMALL	3923	5.00 KGS	125.00	KGS	625.00
3	BLUE GARBAGE BAG LARGE	3923	5.00 KGS	125.00	KGS	625.00
4	GARBAGE BAG BLUE SMALL	3923	5.00 KGS	125.00	KGS	625.00
5	GREEN GARBAGE BAG LARGE	3923	5.00 KGS	125.00	KGS	625.00
6	GARBAGE BAG GREEN SMALL	3923	5.00 KGS	125.00	KGS	625.00
7	RED GARBAGE BAG LARGE	3923	5.00 KGS	125.00	KGS	625.00
8	GARBAGE BAG RED SMALL	3923	5.00 KGS	125.00	KGS	625.00
9	YELLOW GARBAGE BAG LARGE	3923	5.00 KGS	125.00	KGS	625.00
10	GARBAGE BAG YELLOW SMALL	3923	5.00 KGS	125.00	KGS	625.00
						6,250.00

IGST @ 18%

18 %

1,125.00

Total

50.00 KGS

₹ 7,375.00  
 E. & O.E

Amount Chargeable (in words)

INR Seven Thousand Three Hundred Seventy Five Only

Taxable

Integrated Tax

Total

Value

Rate

Amount

Tax Amount

6,250.00

18%

1,125.00

1,125.00

Total:

6,250.00

1,125.00

1,125.00

Tax Amount (in words)

INR One Thousand One Hundred Twenty Five Only  
 : AQEPA4884G

Company's PAN

for DICKON SALES - (from 1-Apr-22)

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Authorised Signatory

This is a Computer Generated Invoice

Stock/No. of Boxes Received ..... 2  
 Subject to Physical Check  
 Name/Employee Code ..... DC0210/  
 Centre Name ..... Lakhimpur, UP  
 Date/Time ..... 20/5/23 ..... 11:20 AM  
 Signature ..... M. No. 7343092896