

Praful Sanitary 3-6-429/6, SRI SAI TOWER, St.No.4 HIMAYAT NAGAR HYDERABAD GSTIN/UIN: 36ACWPG4864A1ZG State Name : Telangana, Code : 36 E-Mail : prafulsanitary@gmail.com Buyer (Bill to) Summit Sales LLP 5-4-187/3&4, IInd Floor, M.G Road Secunderabad GSTIN/UIN : 36ACQFS2044C1Z7 State Name : Telangana, Code : 36	Invoice No.	Dated
	PS/23-24/ 343	18-Jul-23
	Delivery Note	
	Invoice	
	Reference No. & Date.	Other References
		Credit
Buyer's Order No.	Dated	
20230711049	11-Jul-23	
Dispatch Doc No.	Delivery Note Date	
Invoice	18-Jul-23	
Dispatched through	Destination	
Self	Cherlapally	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Waste Coupling Half Thread	8481	18 %	30 No:	300.00	No:	30 %	6,300.00
	Output CGST							567.00
	Output SGST							567.00
Total				30 No:				₹ 7,434.00

Amount Chargeable (in words) E. & O.E

Indian Rupees Seven Thousand Four Hundred Thirty Four Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
8481	6,300.00	9%	567.00	9%	567.00	1,134.00
Total	6,300.00		567.00		567.00	1,134.00

Tax Amount (in words) : Indian Rupees One Thousand One Hundred Thirty Four Only

Company's PAN : ACWPG4864A	Company's Bank Details Bank Name : Canara Bank A/c No. : 1181201020289 Branch & IFS Code: Banjara Hills & CNRB0001181
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	For Praful Sanitary Authorized Signatory

SUBJECT TO HYDERABAD JURISDICTION
This is a Computer Generated Invoice



(DUPLICATE FOR TRANSPORTER)

Summit Sales LLP
5-4-187/3&4, IIInd Floor, M.G Road
Secunderabad
GSTIN/UIN : 36ACQFS2044C1Z7
State Name : Telangana, Code : 36

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A/c No. : 1181201020289

Branch & IFS Code: **Banjara Hills & CNRB0001181**

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

INWARD		This is a Computer	
Inward No.	19967	Di:	19/7/23
MRN No:		Di:	
Received By:		Sign:	<i>Sy</i>
202307/9007			
SUMMIT SALES LLP			

