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| **SUPPLEMENTARY INVOICE / DEBIT NOTE** | | | | | | | | | | | | | | | |  |
| Name of Supplier:  Address:  Email id  GSTIN: | | | | | | | | SI/DN/CN No.:  Date  Tax payable under Reverse Charge     (Yes/No)  Mode of Transportation  Place of Supply | | | | | | | |
| **Details of Receiver (Billed to)** | | | | | | | | **Details of Consignee (Shipped to)** | | | | | | | |
| Name  Address  State  State Code  GSTIN: | | | | | | | | Name  Address  State  State Code  GSTIN: | | | | | | | |
| **S No.** | **Description of Goods/Services** | **HSN/**  **Accounting Code** | **Qty** | **Unit** | **Rate per item**  **(Rs.)** | **Total**  **(Rs.)** | **Discount (Rs.)** | **Taxable Value**  **(Rs.)** | **CGST** | | **SGST/UTGST** | | **IGST** | | **Total(Rs.)** |
| **Rate** | **Rs.** | **Rate** | **Rs.** | **Rate** | **Rs.** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Invoice Value** | | | | | | | | | | | | | | |  |
| **Declaration:**  The particulars given above are true and correct.  SI/DN/DC is issued in pursuance of Invoice No. \_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **Freight Charges Loading Charges Packing Charges Insurance Charges**  **Other Charges** | | | |  |
| **(Value in Words)** | | | | | | | | | | | **Total A mount** | | | |  |
| **Terms & Conditions** | | | | | | | | | | | **For M/s**  **(Authorized Signatory)** | | | | | |

