|  |  |
| --- | --- |
|  **SUPPLEMENTARY INVOICE / DEBIT NOTE** |  |
| Name of Supplier:Address:Email idGSTIN: | SI/DN/CN No.:DateTax payable under Reverse Charge     (Yes/No)Mode of TransportationPlace of Supply |
| **Details of Receiver (Billed to)** | **Details of Consignee (Shipped to)** |
| NameAddressStateState CodeGSTIN: | NameAddressStateState CodeGSTIN: |
| **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)** |

 