

SFH

imagine, Shop # E0015, Ground Floor, City Center Mall,Uttarayon Township

Tel.: +91 3532576110 Help Line: +91 8348230003 Email: imagine.slg@kbrlretail.com



TAX INVOICE

Details of receiver :				GSTIN / UID : 19AAQFK5642Q1ZC						
Customer Name		: Praneeth		Invoice Number : ECOM/22-23/20969						
Shipping & Billing		: Sushrutha boys hostel-2;chinthareddypalem;near		Invoice D	ate :	23-06-20	22			
Address		Narayana medical college, Nellore, AP, India, 524003,			Order Number :					
		Nellore, Andhra Pradesh, India, 524003			Order Date :					
Mob.		: 6302431630		Executive : KBRL						
Email		: v.nagapraneeth99@gmail.com								
GST	IN/UID:	:								
State	e:	: 28 - Andhra Pradesh								
Sr	D	escription of Goods/Services	HSN/SAC	Qty.	Rate	Disc.	Taxable	GST	Total	
No.							Value		Value	
1	[MLWK3HN/A] A	irPods Pro	85183000	1 NOS	26,300.00	4,340.00	18,610.17	18%	21,960.00	
	Serial/IMEI No.:	H19GX1HN1059								
			Sub Total	1		4,340.00			21,960.00	
			Total						21,960.00	
	Total Bill Value (in Fi								21,960.00	
Rem	arks :									
HSN		Taxable CGST%	CGST AMT SG	ST%	SGST	TAMT	IGST%		IGST AMT	
8518	33000	18,610.17	0.00			0.00	18.00%		3,349.83	
Tota	I	18,610.17	0.00			0.00			3,349.83	
Tota	I Amount in Wo	ords:- Twenty One Thousand Nine	Hundred Sixty or	nly.						
Tern 1.Ch 2.De 3.Gc 4.Ad 5.Gc	ns & Condition leque/ DD to be ra elivery after cheque loods once delivere livance received fo loods sold are for o	: Rs.21,960.00 ised in favour of "KBRL Retail Ventures es are realized. d cannot be taken back on any account. r products are subject to availability. wn use and not for resale. enerated invoice and does not require si	gnature or stamp.		ETAIL VENTU	JRES LLP				
Cust	omer Signature		Aut	horised Si	gnature					

Have a nice Day! E. & O.E