FAIR PHARMA

#101,SAI SRINIVASA APPARTMENT, ASHOK NAGAR 3rd LANE,LAKSHMIPURAM- 522007. GUNTUR Dist.(A.P)

CELL: 9848042745 GMAIL: info@fairsoftsolutions.com

GSTIN: 37AMIPV1263G1ZT

BILL OF SUPPLY

Invoice No: 722 Date Supply : 25-09-2018

Invoice Date: 25-09-2018 Place of Supply :

Account State: AP State Code : 37

Order Ref:

Transport Name:

LR/Veh No:

Details of Receiver (Billed to)

Name : M/S SRI BALAJI MEDICAL STORES

Address : 1-55/1/18/1, KG ROAD ATMAKUR

GSTIN : 0007 Cell: 9866629359

State : State Code :

Details of Consignee (Shipped to)

Name :

Address :

GSTIN :

State :

S.No.	Hsn Code	Description of Goods	Batch No	Mfg Date	Qty	Rate	Amount	Value of Supply
1	30042096	INJEK	8679	01-09-2018	50.00	11.20	560.00	627.20
2		TOP SPINAL NEEDLE 23	8F12S	01-09-2018	20.00	55.00	1100.00	1232.00
3	30049099	NIPCARE 20GM	N027	01-09-2018	10.00	97.75	977.50	1094.80
4		EASY FIX	EF18314	01-09-2018	300.00	8.10	2430.00	2721.60
5		HEAD CAP SUPRA	02062018	01-09-2018	100.00	2.60	260.00	291.20
6		SPIRIT 100ML	S1040	01-01-0001	30.00	10.75	322.50	361.20
7		DRESSING PAD 20*10	D332	01-01-0001	49.00	11.15	546.35	611.91
							6196.35	6939.91

Rupees in Words:

Rupees Six Thousand Seven Hundred Twenty Two And Paise Only

Total	6939.91
Invoice Total :	6,722.00

BANK DETAILS: SBI , LAKSHMIPURAM BRANCH, GUNTUR

FAIR PHARMA

Account No: 30604170407

Ifsc Code : SBIN0011094

Terms and Conditions:

1)Intrest @24% p.a will be charged on over due payment

2) Seller is not responsible for any loss or damaged of goods in transit

3) Buyer undertakes to submit prescribted ST declaration to sender on damand.Disputes if any will be subject to seller court jurisdication

For FAIR PHARMA

Authorised Signatory