

Tax Invoice

(ORIGINAL FOR RECIPIENT)

**MAGIC INDUSTRIES**

P NO -35/50 Lane No-15 JAIBHAVANI NAGAR MUKUNDWADI  
RAILWAY STATION ROAD AURANGABAD  
GSTIN/UIN: 27CSMPP9931K1ZU  
State Name Maharashtra, Code : 27

Invoice No **MI/24-25/20**  
Delivery Note  
Dated **27-May-24**  
Mode/Terms of Payment

Reference No. & Date Other References

Buyer's Order No. Dated

Dispatch Doc No. Delivery Note Date

Dispatched through Destination

Terms of Delivery

Consignee (Ship to)

SHREEYASH AYURVEDIC HOSPITAL AND RESEARCH CENTER  
GUT NO 258, SATARA PARISAR,  
BEED BYPASS RD, NEAR SRPF CAMP,  
AURANGABAD  
State Name Maharashtra, Code 27

Buyer (Bill to)

SHREEYASH AYURVEDIC HOSPITAL AND RESEARCH CENTER  
GUT NO 258, SATARA PARISAR,  
BEED BYPASS RD, NEAR SRPF CAMP,  
AURANGABAD  
State Name Maharashtra, Code 27

SI No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate per	Amount
1	MATERIAL REQUISITION BOOK	4911	12 %	25.00 NOS	70.00 NOS	1,750.00
						OUTPUT CGST 105.00
						OUTPUT SGST 105.00

Certified that items as Mentioned on this Bill have Been Correctly received as per specifications Quality and Quantiti

STORE / DEPARTMENT  
Receipt No. 100/80 Date  
Place for Material Use Ayurvedic Hospital  
Received by [Signature] Sign  
Name  
Inspected by [Signature] Sign  
Name  
Checked/verified [Signature]  
Name

*Process for payment.*  
[Signature]  
12/06/24

Total 25.00 NOS ₹ 1,960.00 E & O E

Amount Chargeable (in words)  
INR One Thousand Nine Hundred Sixty Only

Declaration  
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

This is a Computer Generated Invoice

**MAGIC INDUSTRIES**  
PROPRIETOR