

**AP Invoice (Service)**

Invoice To :  
**Tropilite Foods pvt. Ltd.**

Exp.Voucher No. :  
 Exp.Voucher Date :  
 Vendor Ref No. & :  
 Date :  
 Payment Terms :  
 Due Date :  
 Currency :

GSTN No. :  
 State :

Name and Address :-  
 Vendor Code :

GST Payable on Reverse Charge  
 No

GSTN No. :  
 State Name :

Account Name	Description	Dist.Rule	Branch / Dept.	SAC Code	Amount	Total
1						

Less:- TDS@ %

Net Amt.

Amount In Words:-

Remarks :

GSTN No. :  
 CIN No. : **U51219MP1999PTC013843**

Prepared By \_\_\_\_\_

Authorized By: \_\_\_\_\_