

**INVOICE**

PAN : ABBPB8787B

GST : 03ABBPB8787B1Z1

: 7889FMBIL0000687

**Guest Name** : MR NIKHIL SLATHIA  
**Sherer Name** :  
**Guest Address** : JAMMU JAMMU IN-JK IN 140603  
**Company Name** : FIT  
**Company Address** : ..... IN-PB-  
**GSTN Number** :  
**Ref# No** :

**Bill No.** : 16/07/2021  
**Bill Date** : 304 / PRE  
**Room No / Type** : 1101 0 / EP  
**No of Pax /Meal** : 1090  
**GRC No.** : 15/07/2021 11:16  
**Arrival** : 16/07/2021 9:24  
**Departure** : India  
**Nationality** : FOM  
**Checkin User** : HARINDER  
**Checkout User** :

Date	Voucher No	Description	SAC#	Debit	Credit	(₹) Balance
15/07/21		Tariff	Room No.( 304 )	1,339.28	0.00	1,339.28
15/07/21		CGST @ 6.00%	996311	80.36	0.00	1,419.64
15/07/21		State GST @ 6.00%		80.36	0.00	1,500.00
<b>Net Amount:</b>				<b>1,500.00</b>	<b>0.00</b>	<b>1,500.00</b>
<b>Grand Total</b>						<b>1,500.00</b>

**In Words:** Rupees One Thousand Five Hundred Only  
**Link Room :** 304

**Settlement Details:**

**Credit Cards / VISA / CRDU001 / BANK OF INDIA CREDIT CARD / 7010\*\*\*\*\* / INR / 1,500.00**

I agree that my liability for this bill is not waived and agree to be held personally liable in event that the indicated person/company /association fails to pay for any part of the full amount of these charges. I shall upon demand make immediate payment.

**Bank Details :** DD/Cheque in favor of "REGENTA INN"  
A/C No : 630420110006483, Bank Name- Bank of India, IFSC- BKID0006304, Address : Mall Road Amritsar

HARINDER  
Harinder Kaur  
**CASHIER SIGNATURE**

**FOM SIGNATURE**

**Guest Signature**

Print Date/Time 16/07/21 09:24:52

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