

**Tax Invoice**

**LE AMOUR INN**

GSTIN: 08AAKFA6263F1ZF

(A UNIT OF ASHOKA EXPORT), S-33-34, MAHAVEER NAGAR NEAR GOPALPURA FLYOVER, TONK ROAD,, JAIPUR  
 Phone:0141-2724413,14 ; E-Mail:jaipur@leamourinnhotels.com URL:www.leamourinnhotels.com

Bill No. : 2021/22-1171  
 Guest Name : Mr. Mohnesh Sahani

Bill To : Mohnesh Sahani  
 Address : 275, TATYA TOPE PARK KE PASS, BASENT VIHAR, DADABADI, KOTA

State :  
 GSTIN :  
 Source of Supply : JAIPUR  
 Phone No : 918875678189

Date of Invoice : 17-Aug-21  
 G.R. Card No : 2021/22-1141  
 Room Type : Business Class  
 Room No. : 101  
 No. of Person : 1 (A) / 0 (C)  
 Rate Type : EP  
 No. of Nights : 1  
 Date of Arrival : 16-Aug-21 6:24:03 AM  
 Date of Departure : 17-Aug-21 10:12:39 AM  
 Source : GOIBIBO  
 Web Voucher # : 0074073127/1

Sr No	Description	HSN/SAC	Qty	Rate	Total	Discount	Taxable	SGST	CGST	IGST	CESS
1	Room Rent	996311	1	803.14	803.14	0.00	803.14	0.00	0.00	0.00	0.00
2	EARLY CHECK IN CHARGE	ECCH	1	500.00	500.00	0.00	500.00	30.00	30.00	0.00	0.00
				<b>Total</b>	<b>1,303.14</b>	<b>0.00</b>	<b>1,303.14</b>	<b>30.00</b>	<b>30.00</b>	<b>0.00</b>	<b>0.00</b>

Total Payable Amount  
 Rs One Thousand Three Hundred Sixty-Three And Zero

Total Charge	1,303.14
SGST	30.00
CGST	30.00
Grand Total Charge	1,363.14
Flat Discount	0.00
Adjustment	-0.14
<b>Total Payable</b>	<b>1,363.00</b>
<b>Total Payment</b>	<b>1,363.00</b>
Balance	0.00

Payment Date	Description	Amount
16-Aug-21	PAYTM	560.00
17-Aug-21	B.T.C	803.00
<b>Total</b>		<b>1,363.00</b>

Remark :

This Folio is in : Rs

Reception (C/I) : Admin  
 Cashier (C/O) : Admin

Date : 17-Aug-21  
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FOR LE AMOUR INN  
 (A Unit of Ashoka Exports)  
 Authorized Signatory

( Guest Signature )

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind. Management will not be responsible for any item left in the room.

CHECKOUT TIME: 12:00 AM SELF REGISTRATION ONLY  
 I AGREE that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc.. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc.. I agree that the sole purpose of renting this room is for my own residency only.