

(A UNIT OF NATURE VIEW RESORTS) TAX INVOICE

Guest Name:MR BHUAGARBH SHARMA	Bill Date : 10/12/2021
Plan : CONTINENTAL PLAN Room No. : 405	Bill Time : 12:05
Bill No. : 3609	Room Type : SUPERIOR ROOM
Address :	Persons : 1
	Arrival Date : 09/12/2021 16:47
	Departure Date: 10/12/2021 12:05
	Nationality : IND

Trn. Date	Ref No.	Particulars	Debits	Credits	R. BALANCE
09/12/2021		Tariff 405	1964.28		1964.28
09/12/2021		Central GST 6.00 %	117.86		2082.14
09/12/2021		State GST 6.00 %	117.86		2200.00
		DAY TOTAL	2200.00		2200.00
		GRAND TOTAL	2200.00		2200.00
		NET AMOUNT			2200.00

AMOUNT IN WORDS : TWO THOUSAND TWO HUNDRED ONLY

BILLING INSTRUCTION : DIRECT

BILL ARE DUE ON PRESENTATION  
REGARDLESS DO CHARGE INSTRUCTIONS  
I AGREE TO BE HELD PERSONALLY LIABLE  
I AGREE TO BE HELD PERSONALLY LIABLE  
OF THIS BILL.

CASHIER

APPROVED BY

GUEST SIGNATURE

USERID : SURES GSTIN GUEST :

GUEST GSTIN NO :

PAN No : AAPFN4551L BANK HDFC AC/ NO 50200046496054 IFSC COD HDFC0000458

GST No : 05AAPFN4551L1ZV SAC COD 996331

PHONE NO : 05946-222372

FAX NO : 05946-222054