

**TAX INVOICE**

<b>Guest Name</b> : MR VINOD KHANDARE  <b>Address</b> : 275/603 NEAR MOSHI TOL NAKA ALANDI ROAD PUNE  PUNE 412101 MAHARASHTRA 412101  <b>Company Name</b> : ARISTON THERMO INDIA PVT LTD <b>Address</b> :	<b>Page Number</b> : Page 1 of 1 <b>Bill Number</b> : 1187 <b>GST Bill No.</b> : 7509/FOM/1187 <b>Ref No.</b> : <b>Res Number</b> : 0 <b>Room No</b> : 101 <b>Meal Plan</b> C P <b>Room Type</b> : DLX <b>Pax</b> : 1 <b>Arrival</b> : 18-May-2022 0:06 <b>Departure</b> : 19-May-2022 09:56 <b>Nationality</b> : India  <b>Guest GST No</b> : 27AAOCA7042D1ZQ
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Date	Ref. No	Description	GST SAC No#	Debit	Credit	Balance
18-May-22	584	Advance(C.Card) /ADVANCE FOR ROOM			-3000.00	-3000.00
18-May-22		Tariff /101		2678.58		-321.42
18-May-22		Central GST @ 6.00%		160.71		-160.71
18-May-22		State GST @ 6.00%		160.71		0.00
<b>Day Total</b>				<b>3000.00</b>		
<b>Round Off</b>						0.00
<b>Grand Total INR</b>				<b>3000.00</b>	<b>-3000.00</b>	<b>0.00</b>

Bill Summary Details	
Description	Amount
Tariff	2678.58
Advance(C.Card)	-3000.00
Central GST	160.71
State GST	160.71
<b>Total</b>	<b>0.00</b>

**Amount in Words** : Rupees Only  
**Billing Instructions** : DIRECT  
**Special Instructions** :

**Hotel GSTIN** : 27AAAHFM2681A1Z1      **Owner** : Millennium Business Center      **PAN** : AAHFM2681A

ALL DISPUTES SUBJECT TO Nashik JURISDICTION

**Our Bank Details.**  
 Name Of The Beneficiary :  
 Bank & Branch :  
 Account No. :  
 IFSC :

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 company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contain in this account are correct and any disputes or requests for copies of charges must be made within five days after my departures.



\_\_\_\_\_ FOM

\_\_\_\_\_ Guest Signature