



IRN No. 52daa9efdfd283843f2e34efe113acd67fa83ab5e9c412cf050a43d3fc41560b

TAX INVOICE

Guest Name : MR NIKHIL SLATHIA
Guest Address : 103, Mayfair Tower, Wakdewadi, Shivajinagar PUNE
 M H IND 411005
Company Name : ARISTON GROUP INDIA PRIVATE LIMITED
Company Address : -
GSTN Number : 27AAOCA7042D1ZG
Billings Inst. : DIRECT
E-Com Name :
E-Com GSTN :

GST Invoice No : FM5243BIL0005409
Invoice Date : 30/08/2023
Room No / Type : 401 / DLX
No of Guest /Meal : 1 / 0 / 0 / CP
Reg No. : 8127
Confirmation No : 64513
Arrival : 29/08/2023 20:56
Departure : 30/08/2023 10:50
Nationality : INDIAN
Checkout User : FOA3

Date	Voucher No	Description	SAC#	Credit	Debit	(₹) Balance
29/08/23		Tariff Room No(401)	996311	0.00	1,696.42	1,696.42
29/08/23		Central GST @ 6.00%		0.00	101.79	1,798.21
29/08/23		State GST @ 6.00%		0.00	101.79	1,900.00
Net Amount:				0.00	1,900.00	1,900.00

In Words: Rupees One Thousand Nine Hundred Only

Link Room : 401

Settlement Details:

Credit Cards / VISA / CRD0001 / HDFC / 9370*** / INR /** 1,900.00

Bill Summary :-

Tariff	1,696.42	Folio Closed	0.00
Central GST	101.79		
State GST	101.79		
Total	1,900.00		

Bank Details

Account Name. AMBASSADOR PRIME HOPITALITY PRIVATE LIMITED, Account No.11801132000186
Bank Name. PUNJAB NATIONAL BANK, Branch. RAMA MANDI ,JALANDHAR , IFSC. PUNB0220500

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 also agree that all charges contained int this account are correct and any disputes or requests for copies of charges must be made within five days of my departure.

(Handwritten Signature)

Guest Signature

FOA3

RAHUL KUMAR

30/08/23 10:53:31

CASHIER SIGNATURE