

**Tax Invoice**

( ORIGINAL )

Company **ARISTON GROUP INDIA PRIVATE LIMITED**  
Address **OFFICE NO. 103, 1ST FLOOR, MAYFAIR TOWER  
SHIVAJINAGAR, PUNE, MAHARASHTRA  
411005  
STATE : MAHARASHTRA  
GSTIN : 27AAOCA7042D1ZQ**

Guest Name **Mr. VENKATESHWAR RAO**  
Address **1ST FLOOR, OFFICE NO. 103, MAYFAIR TOWER,  
WAKDEWADI, SHIVAJINAGAR, PUNE,**

Place of Supply **KERALA**  
Invoice No. **M3-SF-2056** Invoice Date **22/08/23**  
CRS No. Grc No. **2001-00**  
No. of Pax **1** Adult **1**  
Children **0** Infants **0**  
Extra Bed **0**

Arrival **21/08/23 14:17** Departure **22/08/23 12:49**  
Room No **803 PMK** Plan **CP**

Date	Doc.No	Description	HSN/SAC Code	Value	CGST		SGST		Total
					%	Amount	%	Amount	
21/08/23	SE 3876	Room Tariff	996311	3687.50	6	221.25	6	221.25	4130.00
""	SR 3602	Plan Rate	996331	312.50	6	18.75	6	18.75	350.00
<b>Totals</b>				<b>4000.00</b>		<b>240.00</b>		<b>240.00</b>	<b>4480.00</b>
<b>Bill Total</b>									<b>4480.00</b>

Bill Settlement

By Card FEDERAL BANK CREDIT CARD ( 789 **4480.00**

Rupees **Four Thousand Four Hundred and Eighty Only**

**4480.00**

GSTIN: **32AAIFP0318A1Z1**

FSSAI License No: **11320007000747**

FRONT OFFICE MANAGER

CASHIER

GENERAL MANAGER



GST : 32AAIFP0318A1Z1

Regardless of charge instructions, I agree to be held personally liable for payment of the total amount of this bill.

Please Deposit your Room and Locker Keys

Guest's Signature

E & O.E