



IRN No. c758a368df6d1eee4f5fd87e85abdd87668b5b406d88d08bbc83bfee46467efa

TAX INVOICE

Guest Name : MR NIKHIL SLATHIA
Guest Address : MR HEMANT KUMAR
: 103, Mayfair Tower, Wakdewadi, Shivajinagar PUNE
MH IND 411005
Company Name : ARISTON GROUP INDIA PRIVATE LIMITED
Company Address : , -
GSTN Number : 27AAOCA7042D1ZQ
Billings Inst. : DIRECT
E-Com Name :
E-Com GSTN :

GST Invoice No : FM5243BIL0006229
Invoice Date : 26/09/2023
Room No / Type : 410 / DLX
No of Guest /Meal : 2 / 0 / 0 / CP
Reg No. : 9392
Confirmation No : 65143
Arrival : 25/09/2023 20:20
Departure : 26/09/2023 10:42
Nationality : INDIAN
Checkout User : FOA3

Date	Voucher No	Description	SAC#	Credit	Debit	(₹) Balance
25/09/23		Tariff Room No(410)	996311	0.00	1,964.28	1,964.28
25/09/23		Central GST @ 6.00%		0.00	117.86	2,082.14
25/09/23		State GST @ 6.00%		0.00	117.86	2,200.00
Net Amount:				0.00	2,200.00	2,200.00

In Words: Rupees Two Thousand Two Hundred Only
Link Room : 410

Settlement Details:

Credit Cards / VISA / CRD0001 / HDFC / 9370*** / INR /**

2,200.00

Bill Summary :-

Tariff	1,964.28
Central GST	117.86
State GST	117.86
Total	2,200.00

Folio Closed

0.00

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 in this account are correct and any disputes or requests for copies of charges must be made within five days of my departure.

FOA3
RAHUL KUMAR
CASHIER SIGNATURE

26/09/23 10:43:55

Guest Signature