



IRN No. c2d2217bcd1a01bf0a7e4cadf2e67aae16961824076f8c3a0b04f0c81c051f2

TAX INVOICE

Guest Name : MR NIKHIL SLATHIA	GST Invoice No : FM5243BIL0006299
Guest Address : 103, Mayfair Tower, Wakdewadi, Shivajinagar PUNE MAHARASHTRA INDIA 411005	Invoice Date : 28/09/2023
Company Name : ARISTON GROUP INDIA PRIVATE LIMITED	Room No / Type : 411 / DLX
Company Address : -	No of Guest /Meal : 1 / 0 / 0 / 1 CP
GSTN Number : 27AAOCA7042D1ZQ	Reg No. : 9499
Billings Inst. : DIRECT	Confirmation No : 65203
E-Com Name :	Arrival : 27/09/2023 20:11
E-Com GSTN :	Departure : 28/09/2023 11:05
	Nationality : INDIAN
	Checkout User : FOA3

Date	Voucher No	Description	SAC#	Credit	Debit	(₹) Balance
27/09/23		Tariff Room No(411)	996311	0.00	1,696.42	1,696.42
27/09/23		Central GST @ 6.00%		0.00	101.79	1,798.21
27/09/23		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 : 411

Settlement Details:

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

Bill Summary :-		Folio Closed	0.00
Tariff	1,696.42		
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.

FOA3
RAHUB KUMAR
CASHIER SIGNATURE
28/09/23 11:07:41

Ravi Shankar
Guest Signature