



IRN No. e1041fc5770076f437773c7a29965d533847909e722d2fc47dbd29d8c3c6d6ca

TAX INVOICE

Guest Name : MR NIKHIL SLATHIA
Guest Address : 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 : FM5243BIL0010597
Invoice Date : 08/02/2024
Room No / Type : 401 / DLX
No of Guest /Meal : 1 / 0 / 0 / CP
Reg No. : 16134
Confirmation No : 68634
Arrival : 07/02/2024 19:56
Departure : 08/02/2024 10:37
Nationality : INDIAN
Checkout User : FOA1

Date	Voucher No	Description	SAC#	Credit	Debit	(₹) Balance
07/02/24		Tariff Room No(401)	996311	0.00	1,875.00	1,875.00
07/02/24		Central GST @ 6.00%		0.00	112.50	1,987.50
07/02/24		State GST @ 6.00%		0.00	112.50	2,100.00
Net Amount:				0.00	2,100.00	2,100.00

In Words: Rupees Two Thousand One Hundred Only
Link Room : 401

Settlement Details:

Credit Cards / VISA / CRD0001 / HDFC / 9370***** / INR / 2,100.00

Bill Summary :-

Tariff	1,875.00	Folio Closed	0.00
Central GST	112.50		
State GST	112.50		
Total	2,100.00		

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.

FOA1
SAURABH BADOLA
CASHIER SIGNATURE

08/02/24 10:39:45

(Signature)
Guest Signature