



IRN No. 8dd798dc2b3d733caa0f7d0a9d47e0b2ce576a768539e81c3450b7f121943a42

**TAX INVOICE**

**Guest Name** : MR NIKHIL SLATHIA  
**Guest Address** : 103 Mayfair Tower, Wakdewadi Shivajinagar PUNE M H INDIA 411005  
**Company Name** : ARISTON GROUP INDIA PRIVATE LIMITED  
**Company Address** : 103 Mayfair Tower, Wakdewadi Shivajinagar AAOCA7042D, PUNE  
**GSTN Number** : 27AAOCA7042D1ZQ  
**Billings Inst.** : DIRECT  
**E-Com Name** :  
**E-Com GSTN** :

**GST Invoice No** : FM5243BIL0011504  
**Invoice Date** : 06/03/2024  
**Room No / Type** : 410 / DLX  
**No of Guest /Meal** : 1 / 0 / 0 / CP  
**Reg No.** : 17546  
**Confirmation No** : 69341  
**Arrival** : 05/03/2024 21:11  
**Departure** : 06/03/2024 10:24  
**Nationality** : INDIAN  
**Checkout User** : FOAT

Date	Voucher No	Description	SAC#	Credit	Debit	(₹) Balance
05/03/24		Tariff Room No(410)	996311	0.00	2,232.14	2,232.14
05/03/24		Central GST @ 6.00%		0.00	133.93	2,366.07
05/03/24		State GST @ 6.00%		0.00	133.93	2,500.00
Net Amount:				0.00	2,500.00	2,500.00

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

**Settlement Details:**

<b>Credit Cards / VISA / CRD0001 / HDFC / 9370***** / INR /</b>	<b>2,500.00</b>
<b>Bill Summary :-</b>	
Tariff	2,232.14
Central GST	133.93
State GST	133.93
<b>Total</b>	<b>2,500.00</b>

**Folio Closed** **0.00**

*Unit of Ambassador Prime Hospitality*

**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.

SAURABH BADOLA  
CASHIER SIGNATURE

06/03/24 10:26:56

Guest Signature