

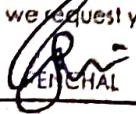
<b>Guest Name</b> : MR Praveen MR Gopl	<b>GST Bill Number</b> : 8674FMBIL0013127
<b>Address</b> :	<b>Res Number</b> : 19973
<b>Phone #</b> :	<b>Bill Date</b> : 25/01/25 00:00:00
<b>Company Name</b> : ARISTON GROUP INDIA PRIVATE LIMITED	<b>Room No</b> : 309 / Meal Plan: C P
<b>Guest GST No</b> :	<b>Room Type/ Pax</b> : DLT Pax 2
	<b>Arrival</b> : 24-Jan-2025 14:29
	<b>Departure</b> : 25-Jan-2025 09:47
	<b>Nationality</b> : India

Date	Rel. No	Description	GST SAC No#	Debit	Credit	Balance
24-Jan-25		Tariff / 309	996311	3,571.42		3,571.42
24-Jan-25		Central GST @ 6.00%		214.29		3,785.71
24-Jan-25		State GST @ 6.00%		214.29		4,000.00
24-Jan-25	2865	Silver Leaf / FDH/DN / FOOD/ TaxStr : 901	996332	666.66		4,666.66
24-Jan-25	2865	Central GST @ 2.50%		16.67		4,683.33
24-Jan-25	2865	State GST @ 2.50%		16.67		4,700.00
24-Jan-25	2866	Silver Leaf / FDH/DN / FOOD/ TaxStr : 901	996332	666.66		5,366.66
24-Jan-25	2866	Central GST @ 2.50%		16.67		5,383.33
24-Jan-25	2866	State GST @ 2.50%		16.67		5,400.00
<b>Day Total</b>				<b>5,400.00</b>		
<b>Round Off</b>						<b>0.00</b>
<b>Grand Total INR</b>				<b>5,400.00</b>		<b>5,400.00</b>

**Amount In Words** : Rupees Five Thousand Four Hundred Only  
**Billing Instructions** : Direct  
**Special Instructions** :

Description	Amount
Tariff	3,571.42
Central GST	214.29
Silver Leaf	1,333.32
State GST	247.63
<b>Total</b>	<b>5,400.00</b>

I agree that I am personally liable for the full payment of the bill in the event it is not paid by the company or person indicated.  
 May we request you to return the Receipt.

 Cashier	_____ FOM	_____ Guest Signature
PAN No: AAYFG6888N	TAN No: VPNG11642B	GST State Code: 37