14, DD Main Rd, opp. Agarwal Eye Hospital, 1st street, Arappalayam, Madurai-625016 Cell: 77089 66134 Email: info@kudilagam.com www.kudilagam.com | GST UUHSIOIO5788



Ouotation issued for:

Mr./Ms. GUHAN,

City: Madurai Mob: 6383571197

Mail: guhanb1308@gmail.com

Invoice Number : KA0007

Invoice Date: 02-02-2024

Valid Till: 03-03-2024

## 1. VELCRO FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	5 x 4in	1	0	45	0
Hall	4 x 2in	2	0	45	0
			0	TOTAL	0







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# Invoice Number : KA0007

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Valid Till: 03-03-2024

### 2. CLASSIC WINDOW FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	5 x 4in	1	0	240	0
Hall	4 x 2in	2	0	240	0
			0	TOTAL	0







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#### Quotation issued for:

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Mail: guhanb1308@gmail.com

Valid Till: 03-03-2024

### 3. GLOSSY ROLL FIT - INNER



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	5 x 4in	1	0	350	0
Hall	4 x 2in	2	0	350	0
			0	TOTAL	0



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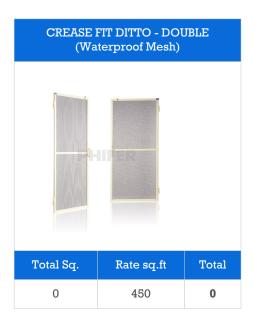
City: Madurai Invoice Date: 02-02-2024 Mob: 6383571197

Valid Till: 03-03-2024 Mail: guhanb1308@gmail.com

### 4. CREASE FIT DITTO - SINGLE



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	5 x 4in	1	0	410	0
Hall	4 x 2in	2	0	410	0
		1	0	TOTAL	0



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Invoice Number: KA0007

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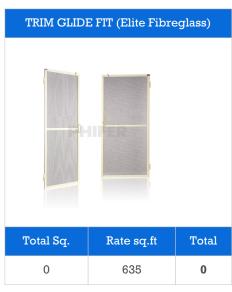
Valid Till: 03-03-2024

# 5. TRIM GLIDE FIT (SLIDING)



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	5 x 4in	1	0	670	0
Hall	4 x 2in	2	0	670	0
			0	TOTAL	0







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