Payal Fashion

Shop No 3 Ground Floor
Near Ambedkar Chowk
Sector 18 Noida 201301
GSTIN 09ABIFP8238A1Z6

GSTIN	**NIL**				
Invoice No.	**1000**				
Dt.	**Mon 01-Jan-2018**				
Sl. No.	**Name**	**QUN. ST/FREE**	**TAX%**	**TO ST/FR**	
1	**Dry Cleaning**	1.00 Nos	0%	1.00	100.0
	CGST @ 0.00%		0.00		
	SGST @ 0.00%		0.00		
	Net Total	**1.00 Nos**			**100.0**
	----- RETURN ITEM -----				
2	**Laundry**	1.00 Kgs	0%	10.00	10.00
	CGST @ 0.00%		0.00		
	SGST @ 0.00%		0.00		
	Net Total	**1.00 Kgs**			**10.00**
Total		**2.00**	**0.00**		**110.00**

Remarks: **NIL** **Cash** **110.00**

Received in Cash **110.00**

Balance **0.00**

Customer Signature

1. Garments are accepted for cleaning only.
2. Garments are accepted at owner's risk.
3. We are not responsible for loss of buttons.
4. We are not responsible for shrinkage.
5. Complaints, if any, must be lodged within 24 hours of receipt of garments.
6. Garments not claimed within 30 days are liable to be disposed off.
7. Our liability for any damage to garments is limited to 10 times of cost of cleaning.
8. Our liability for any loss of garments is limited to 5 times of cleaning charges.
9. Our liability for any loss of garments due to fire, theft, burglary, natural calamities, act of God, riots, strikes, war, lockout, civil commotion, act of terrorism, act of any local, state, national or international authority, shall be nil.
10. Our liability for any loss of garments due to any other reason shall be limited to 5 times of cleaning charges.

Customer Signature

Receipt No. **1000**

Date **Mon 01-Jan-2018**

Customer Name **Cash**

Mobile No. **NIL**

Delivery Date **Mon 01-Jan-2018**

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Customer Signature

Total No. of Items	**2**
Total Qty.	**2.00**
Total Amount	**₹ 110.00**
Discount	**0.00**
Net Amount	**₹ 110.00**
Tax Amount	**0.00**
Total Payable	**₹ 110.00**
Cash	**110.00**
Balance	**0.00**

Tax Summary

Tax Rate	Taxable Amount	Tax Amount
0%	110.00	0.00
Total	**110.00**	**0.00**

Payment Mode Cash Card Other

Card Type	Card No.	Card Holder Name	Card Expiry Date	Approval Code

Bank	Cheque No.	Cheque Date

Cashier **Sales Person** **Customer Signature**

Thank You

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