SHREE JYOTIRLING ENTERPRISES

GST No: 27CKDPB1464Q1ZX

Tax Invoice

OPP - BANK OF MAHARASHTRA, DEHUGAON PUNE -

412109 MO - 9156860985



Invoice Period 24/03/2023 to 24/03/2023 To: Invoice No 01/2023-24/154 LIVES HEALTH CARE Invoice Date 22/06/2023 OPP .PANDURANG HOTEL , JYOTIBA NAGAR , TALWADE , PUNE -411062 1.00 Fuel Surcharge 15% 0.15 SGST @ 9% 0.11 **CGST @ 9%** 0.11 GST No: 27FGOPS3608K1ZP Other charge **Grand Total** 1.00

Amount in words :

Statutory Guidelines

1. PAN NO: CKDPB1464Q 2. GST NO: 27CKDPB1464Q1ZX

3. SAC Code: 996812

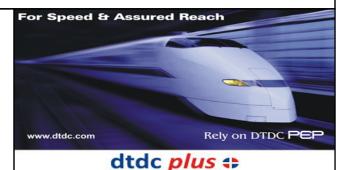
4. Payment Should be made ONLY by crossed cheque or DD in favour 'SHREE JYOTIRLING ENTERPRISES' after obtaining money receipt positively

5. Payment Due Date: 29/06/2023

6. Any delay in payment after due date will be charged 24% per annum on prorata

General Guidelines:

- 1. Kindly acknowledge the receipt of the bill by handing over the bill-acknowledgement, duly filled up, to our representative who delivers.
- 2. While making the payment please handover the payment advise with full details.
- 3. Any mistake/correction found in the invoice has to be reported in writing within Seven days from the receipt of the invoice.
- 4. This is a computer-generated invoice and hence does not require signature.
- 5. For any queries please contact Regional Commercial department.
- 6. Fuel Surcharge* is calculated only on T/s Amount



Bank Details:

Account name: SHREE JYOTIRLING ENTERPRISES

Bank: GS MAHANAGAR BANK LTD

A/C No: 055011200001414 IFSC Code: MCBL0960055 Bank Address: TALWADE -PUNE

SHREE JYOTIRLING ENTERPRISES												
Payment Advice (Please detach and return with your payment)												
Invoice No: 01/2	2023-24/154 Invoice I	Date: 22/06/2023	Invoice No: 01/2023-24/154 Invoice Date: 22/06/2023									
			LIVES HEALTH CARE									
Name Of the Bank	Cheque / DD Number	Cheque / DD date	Invoice Amount(Rs.)	TDS(Rs.)	Cheque / DD date							
			1.00									
Amount in words :												
Name :		Signature :	Date:									
SHREE JYOTIRLING ENTERPRISES												
BILL ACKNOWLEDGEMENT												
Invoice No : 01/2023-24/154												
Client Name: LIVES HEALTH CARE												
Name of the Receiver			Sign & Seal									
Received Date												
TRECOUNCE BUILD												

Sr No.	Booking date	C-Note No.	Destination	Mode	Wt	Qty	Туре	Amount	Risk / FOV surcharge	Other Charges	Total
1	24/03/2023	D36881853	HYDERABAD	AC1	2.539	1	N	1.00	0	0	1.00
	Total				2.539						1.00