

SHREE JYOTIRLING ENTERPRISES

Tax Invoice

OPP - BANK OF MAHARASHTRA , DEHUGAON PUNE -
412109 MO - 9156860985



GST No : 27CKDPB1464Q1ZX

To: LIVES HEALTH CARE OPP .PANDURANG HOTEL , JYOTIBA NAGAR , TALWADE , PUNE - 411062	Invoice Period	24/03/2023 to 24/03/2023
	Invoice No	01/2023-24/154
	Invoice Date	22/06/2023
	Total	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 basis

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

For Speed & Assured Reach



Bank Details :

Account name: SHREE JYOTIRLING ENTERPRISES
Bank :GS MAHANAGAR BANK LTD
A/C No : 055011200001414
IFSC Code : MBL0960055
Bank Address: TALWADE -PUNE

SHREE JYOTIRLING ENTERPRISES

Payment Advice (Please detach and return with your payment)

Invoice No : 01/2023-24/154 Invoice 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 Invoice Date : 22/06/2023 Net Amount (Rs.) : 1.00 Due Date : 29/06/2023

Client Name : LIVES HEALTH CARE

Name of the Receiver	Sign & Seal
Received Date	

Sr No.	Booking date	C-Note No.	Destination	Mode	Wt	Qty	Type	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