



# R<sup>3</sup> Lexus Guest Inn

Plot 33&34, Sy no 11/2, Khanamet Village Madhapur Hyderabad Telangana - 500081

Name	Saish Umesh Patil	Check-In Date	Jan 05 2025
Email ID	saishpatil178@gmail.com	Admin Name	R <sup>3</sup> Lexus Guest Inn
Contact No.	7219823817	Admin Ph No.	7639455756
Address	Saish Maternity Hospital, 6, Vakil Colony, Kashiram Nagar, Shirpur, Dhule - 425405		

Receipt No :	1736117989785	Payment timestamp :	05 Jan 2025   22:59:30
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Room No.	Check In / Check Out	No. of Days	Price / Day	Sub Total
507	05-01-2025 / 11-01-2025	7 Days	₹3512.00	₹24584.00
Advance (Cash)				₹3000
Grand Total:				₹24584.00

Payment mode :Cash / UPI / Credit card / Debit card
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This is a computer generated invoice issued by R<sup>3</sup> Lexus Guest Inn. It does not require any signatures.

## Terms & Conditions

This is an acknowledge receipt of the payment made by the guest through whatsoever mode of payment for the corresponding services.

In case of failed online payments for whatsoever reason, this receipt will be Null & Void.

No refund and/or discounts will ever be entertained against this receipt.