

TARUN ENTERPRISES

B.O.: A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064, INDIA Phone: +91 8176080204

e-mail: delhi@optitecheyecare.com GSTIN: 07ACBPJ0823B1ZE

DISPATCH CHALLAN

Q2020211594 / O2020211647 / C2020211517

Bill to:							Ship to:				
Sunita Khurana						Sunita Khurana					
C-584 Defence Colony 1st Floor Behind Medanta Hospital							C-584 Defence Colony 1st Floor Behind Medanta Hospital				
New Delhi, Delhi							New Delhi, Delhi				
110024, India							110024, India				
Mobile: 9810532769							Mobile: 9810532769				
Ms Sunita Khurana							Ms Sunita Khurana				
Chall	lan No.	C2020211517					Invoice No:				
Challan Date.		October, 08, 2020					Invoice Date:				
Customer Id:		1177					Method Of Shipment:		By Hand		
Order No:		O2020211647					Date Of Shipment:				
Sales Person:		SanchitPuri				Docket No: SANCH		HIT PURI			
Dispa	atched From:	Delhi					SB Number:				
Terms of Delivery :							Terms of Payments :				
Terms & Conditions :							Special Information :				
S.N.	Product Description	HSN-GST	Unit	Qty	Rate	Batch No		Mfg Dt./Exp Dt.		Discount/Unit	Net Amount
1	7 Low Vision Device 7" video magnifier complete with standard fitments.	90185090 12 %	Pcs	1	65000	510008F080900024		10-2019/09-2029		11050	53950
Net Total											₹ 53950
Freight Charges											₹ 0
GST @ 12%											₹ 6474
Grand Total											₹ 60424

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE: 05100052900009 Prepared by Sanchit Puri| Packed by

Remit to:

Payment: 100% T/T(wire) **Bank Details for:** (INR)

Tarun Enterprises 13172020001243 **Beneficiary's Name:** Account No.: HDFC Bank Ltd. (Rupee) HDFC0000226 Bank Name: **IFSC Code:**

18-AS.P. Marg, Civil Lines, Allahabad 211001, UP, India Bank Address:

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team

This is a computer-generated document. No signature is required.