

ATK EXPRESS LLP.

SHOP NO 2, DARPAN APARTMENT, SANGVINAGAR,
OPP BANK OF MAHARASHTRA, AUNDH, PUNE-411007
PHNO. 9765392773 EMAIL : acctsmfpune@dtcd.com

GST No : 27ABFFA7347C1ZL



To: ORION SPA & HEALTHCARE CENTRE DAULAT COMPLEX, 2ND FLOORE, ABOVE SARASWAT BANK, BANER PUNE-411045 GST No : 07AAFFO0471Q1ZV	Invoice Period	01/05/2018 to 31/05/2018
	Invoice No	ATK/18-19/95
	Invoice Date	01/06/2018
	Total	300.00
	Fuel Surcharge 30%	90.00
	IGST @ 18%	70.20
	Other charge	
Grand Total		460.20

Amount In Words :

Statutory Guidelines

1. PAN NO : ABFFA7347C
2. GST NO : 27ABFFA7347C1ZL
3. SAC Code : 996812
4. Payment Should be made ONLY by crossed cheque or DD in favour 'ATK EXPRESS LLP.' after obtaining money receipt positively
5. **Payment Due Date : 08/06/2018**
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 : ATK EXPRESS LLP
 Bank : BANK OF MAHARASHTRA
 A/C No : 60259183876
 IFSC Code : MAHB0000118
 A/C Type : Current
 Bank Address: SANGHVINAGAR AUNDH PUNE

BANER

Payment Advice (Please detach and return with your payment)

Invoice No : ATK/18-19/95 Invoice Date : 01/06/2018			Invoice No : ATK/18-19/95 Invoice Date : 01/06/2018		
AUNDH			ORION SPA & HEALTHCARE CENTRE		
Name Of the Bank	Cheque / DD Number	Cheque / DD date	Invoice Amount(Rs.)	TDS(Rs.)	Cheque / DD date
			460.20		

Amount in words : Four Hundred Sixty Rupees and Two Paise Only.

Name : _____ Signature : _____ Date: _____

BANER**BILL ACKNOWLEDGEMENT**

Invoice No : ATK/18-19/95 Invoice Date : 01/06/2018 Net Amount (Rs.) : 460.20 Due Date : 08/06/2018
 Client Name : ORION SPA & HEALTHCARE CENTRE

Name of the Receiver	Sign & Seal
Received Date	

Sr No.	Booking date	C-Note No.	Name	Mode	Wt	Qty	Type	Amount	Risk surcharge	Total	Delivered date	Received by
1	29/05/2018	D41340538	AHMEDABAD	SF1	4.350	1	N	300.00	0	300.00		
Total					4.350					300.00		