ATK EXPRESS LLP.

BANER PUNE-411045

To:

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

GST No: 27ABFFA7347C1ZL



Invoice Period 01/05/2018 to 31/05/2018 Invoice No ATK/18-19/95 **ORION SPA & HEALTHCARE CENTRE** Invoice Date 01/06/2018 DAULAT COMPLEX,2ND FLOORE, ABOVE SARASWAT BANK, 300.00 Fuel Surcharge 30% 90.00 **IGST @ 18%** 70.20

GST No: 07AAFFO0471Q1ZV

Other charge	
Grand Total	460.20

Amount In Words

Statutory Guidelines

1. PAN NO: ABFFA7347C 2. GST NO: 27ABFFA7347C1ZL

3. SAC Code: 996812

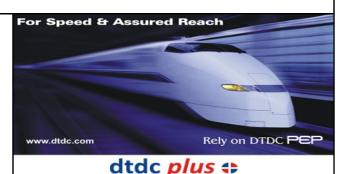
4. Payment Should be made ONLY by crossed cheque or DD in favour 'ATK EXPRESS LLP.' after obtaining money receipt positively

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
- 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: 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	e Of the Bank		Invoice Amount(Rs.) TDS(Rs.)		Cheque / DD date			
			460.20					
Amount in words : Four Hundred Sixty Rupees and Two Paise Only								

Date: Name: Signature:

BANER

BILL ACKNOWLEDGEMENT

Invoice No : ATK/18-19/95 Invoice Date: 01/06/2018

Client Name: ORION SPA & HEALTHCARE CENTRE

Name of the Receiver

Received Date

Sign & Seal



Sr No.	Booking date	C-Note No.	Name	Mode	Wt	Qty	Туре	Amount	Risk surcharge	Total	Delivered date	Received by
1	29/05/2018	D4134053 8	AHMEDABAD	SF1	4.350	1	N	300.00	0	300.00		
	Total				4.350					300.00		