**INVOICE**

Invoice no.: ABCD/24-25/01

Date: 30/Oct/2024

Name of Consultant: XXXX

Address: XXXX

PAN: XXXX

Contact No: XXXX

e-mail Id: XXXX

GSTIN (if registered):

Name of college: XXXX

Period of work for which invoice has been raised: XXXX

**To:**

ByteXL TechEd Private Limited

FF5, 1st Floor, White House, Saint Mark’s Road, Bengaluru, Karnataka - 560001

GST: 29AAMCB3441K1ZD

PAN: AAMCB3441K

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name | No of days | Remuneration per day | Total Remuneration |
| XXXX | XXXX | XXXX | XXXX |
|  |  |  |  |

|  |  |
| --- | --- |
| Subtotal | XXXX |
| GST |  |
| Total | XXXX |

Amount in words: (Total)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory Account Manager

**Bank Account details:**

Name of account holder: XXXX

Account No: XXXX

IFSC Code: XXXX

Bank Branch: XXXX

***Mandatory Attachments:***

Supporting bills if reimbursement is claimed

Reimbursement can be claimed only if it was approved before engagement.