|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INVOICE** | | | | | |
| Name | Name of the Concern | | | | |
| Address |  | | | | |
|  | |  |  |  |
|  | | | | | |
| To :  Name : Mr. Deepesh Jaishankar Thakur Designation : General Manager - Finance | | | Invoice No.  PAN Number:-  Date:- 25 May 2023 | | |
|  | | | | | |
| S. No. | Description | | Fee Per Month | No. of Days | Amount |
| 1 | Work rendered as consultant Or as Retainer Period : 1 May – 31 May | | Rs. |  | Rs. |
| Total | | |  |  | Rs. |
| Less : LWP | | | | | Rs. 0 |
| **Grand Total** | | | | | **Rs.** |
|  | | | | |  |
|  | | | | | |
| 1. Cheques to be made in name of : | |  | | |  |
| 2. In case of fund transfer or direct deposit : | |  | | |  |
|  | | Bank : | | |  |
|  | | Branch: | | |  |
|  | | City : | | |  |
|  | | Account No. : | | |  |
| Place : Mumbai  PCI Pest Control Pvt. Ltd.  Date : -------------------  Sign: Authorized Signatory: | | | | | |

