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| **Bill No** …………………………………………………………………………………………………………………………………………………………………  **Date**………………………………………................................................................................................................................  **Guest’s Name** ………………………………………………………………………………………………………………………………………………………  **Duration of Stay** ………………………………………………… **day(s). From** ………………………………. **To** ………………………………...  **Radhika Resort**  **GSTIN – 21AGLPD6477FL2I**  **A/17, Bhauma Nagar, Unit-4, Bhubaneswar 751001**  **Ph-0674-2507170 Mob: 8117952430 / 9937266870**  **GST BILL** | | | | | |
| **SL. No** | **PARTICULARS** | | **AMOUNT** | | |
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| **Rupees** …………………………………………………………………………...  ………………………………………………………………………………… **Only** | | **TAX**  **Total**  **Less Adv.**  **Balance Due** | |  | |
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| **Guest’s Signature** | | | | | |