



GreenPark Hotels

(A Unit of GREEN PARK HOTELS AND RESORTS LTD.)

7-1-26, GREENLANDS,
BEGUMPET, HYDERBAD- 500 016
Phone : 040-66515151, 23757575
Email : hyd@hotelgreenpark.com
Website : www.hotelgreenpark.com

PAN : AAACD6747L

CIN No. : U55101TG1986PLC006972

Hotel GSTN # : 36AAACD6747L1ZB

Banquet Bill

RESIDENCY

Reservation No	: 214873	Bill No	: 575
Guest Name	: DR PRASHANTH VARMA	Bill Date & Time	: 10/10/18 16.15
Company Name	:	Event Name	: ENGAGEMENT
Guest Address	:	Events Dates	: 10/10/18 to 10/10/18
Company Address	:	Pax Guaranteed	: 120
		Pax Expected	: 130
Guest GSTN #	:	GSTN Bill #	: 0013BQBIL0000575

Sl No	Description	HSN/SAC Code	Quantity	Rate	Value
	BUFFET LUNCH		170.00	762.71	129,660.70
2	LUNCH MENU	996332	120.00	0.00	0.00

Sub Total : 129,660.70
SGST @ 9.00% : 11,669.46
CGST @ 9.00% : 11,669.46

Grand Total: 152,999.62

Round Off : 0.38

Balance Amount : 153,000.00

Tax Summary

Tax Details	Taxable Amount	Tax Amount
CGST @ 9.00%		11,669.46
SGST @ 9.00%		11,669.46

Cashier Signature

Guest Signature



GreenPark
HOTELS

No **577**

Banquet Auditors Control Sheet

Day Wednesday

Date 10/10/2018

Venue Residency

F.P. No 214873

Name & Address of the Party

Dr. Prasanth Varma

Billing Instruction :

No of Pax Guaranteed 120

Expected 130

Details	Quantity	Time	Guest Signature
No. Of Plates Placed	120	12:30 PM	
Additional No. of Plates Placed	20	1:00 PM	
Additional No. of Plates Placed	20	1:15 PM	
Additional No. of Plates Placed	20	1:20 PM	
Total Plates	20	1:30 PM	
Left Over Plates	03		
Total Plate Consumed	197		

Remarks

Ref am sit.

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170-Billing
13-DOUBLE USE

Guest Signature

Banquet Manager

F & B Controls

Billing

Check No. _____

Amount Payable _____

Pan No _____

Mode of Settlement _____

CHEQUE RECEIPT CL
=====

RECEIPT NO : 2586

DATE : 10/10/18

COMP.CODE : F000029

Cheque

COMP.NAME : M/S BANQUETS ADVANCE

AMOUNT : 153000.00

RUPEES IN WORDS : ONE LAKH FIFTY THREE THOUSAND ONLY

DETAILS : FINAL AMOUNT OF MR.PRASHANT SHARMA EVENT
T

SAIRAM 10/10/18 17.14

CASHIER

GSTIN : 36AAACD6747L1ZB

CIN : U55101TG1986PLC006872

PAN No: AAACD6747L

Billing Instructions and Address:

MAY WE REQUEST YOU TO RETURN
LOCKER KEY / ROOM KEY CARD



Regardless of charge instructions, I agree to be held
personally liable for payment of the total amount in this bill.

GUEST SIGNATURE

CASHIER

MANAGER

IN CASE OF CASH PAYMENT
PLEASE INSIST ON CASH RECEIPT