

**TAX INVOICE**

**GSTIN : 04AWWPS2584F2ZY**

**HOTEL GRACE**

PLOT NO. 65, GALI NO. 1, DARIA, CHANDIGARH  
PHONE : 9815440015, 8503000016

Invoice Serial Number : **889** State Code **04** Date of Arrival **18/4/24** Time .....

Date of Departure **19/4/24** Time .....

Invoice Date : ..... Room No. **101** Total No. of Days **1**

Name : **KRISUME**

Address : .....

State / State Code : ..... GSTIN Number : .....

Description of Services	SAC Code	Total No. of Days	Rate	Amount
<b>1 day room rent</b>		<b>1</b>		<b>1800/-</b>

Invoice Value (In Words)	Total Amount Before Tax	<b>1800/-</b>
	Add CGST @6%	<b>108/-</b>
Electronic Reference Number :	Add UTGST@6%	<b>108/-</b>
	Total Amount After Tax	<b>2016/-</b>

Customer's Signature <b>Sef</b>	Cash	Paytm / Gpay	Card

**E. & O. E.**

**CHECK OUT TIME 11.00 A.M.**

**Thanks for your visit**

Certified that the Particulars given above are true and correct  
**For HOTEL GRACE**

Name : \_\_\_\_\_ Designation : **Authorised Signatory**

*(Signature)*