

Tax Invoice

(ORIGINAL FOR RECIPIENT)


 <b>LEGEND SANICURE PVT. LTD.</b> City Office: AA - 78, SECTOR - I SALT LAKE CITY, KOLKATA - 700064, W.B. Rrgd. Off: 9, R. N. T. P. Bye Lane Shyamnagar, North 24 Pgs -743127 Ph. : +91 9836705858 GSTIN/UIN: 19AACCL3723E1ZQ State Name : West Bengal, Code : 19 E-Mail : corporate@legendpms.in	Invoice No.	Dated
	Delivery Note	Mode/Terms of Payment
Buyer (Bill to) <b>Travel Food Services Pvt. Ltd.</b> Airport Road, Dabolim Goa - 403801 GSTIN/UIN : 30AADCB2762L1ZV State Name : Goa, Code : 30	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Terms of Delivery	

SI No.	Description of Services	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Integrated Pest Management Services</b> To Your Premises at : Dabolim Airport Goa	998539				<b>35,200.00</b>
	<b>IGST</b>					<b>6,336.00</b>
<b>Total</b>						<b>₹ 41,536.00</b>

Amount Chargeable (in words) **Indian Rupees Forty One Thousand Five Hundred Thirty Six Only** E. & O.E

HSN/SAC	Taxable Value	IGST		Total
		Rate	Amount	Tax Amount
998539	35,200.00	18%	6,336.00	6,336.00
<b>Total</b>			<b>6,336.00</b>	<b>6,336.00</b>

Tax Amount (in words) : **Indian Rupees Six Thousand Three Hundred Thirty Six Only**

Remarks: MSME NO.: UDYAM-WB-14-0020458 Company's PAN : AACCL3723E Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	Company's Bank Details A/c Holder's Name : <b>LEGEND SANICURE PVT. LTD</b> Bank Name : <b>BANK OF INDIA A/C. NO. 401930110000040</b> A/c No. : <b>401930110000040</b> Branch & IFS Code : <b>Southern Avenue &amp; BKID0004019</b> SWIFT Code :
	for LEGEND SANICURE PVT. LTD.  Authorised Signatory

This is a Computer Generated Invoice

