


Tax Invoice

(ORIGINAL FOR RECIPIENT)

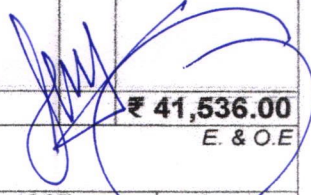
 LEGEND SANICURE PVT. LTD. City Office: AA - 78, SECTOR - I SALT LAKE CITY, KOLKATA - 700064, W.B. Rrgd. Off: 9, R. N. T. P. Bye Lane Shyamnagar, North 24 Pgs -743127 Ph. : +91 9836705858 GSTIN/UIN: 19AACCL3723E1ZQ State Name : West Bengal, Code : 19 E-Mail : corporate@legendpms.in	Invoice No.	Dated
	Delivery Note Reference No. & Date.	LSPL/0425/24-25 Mode/Terms of Payment Against Monthly Invoice
Buyer (Bill to) Travel Food Services Pvt. Ltd. Airport Road, Dabolim Goa - 403801 GSTIN/UIN : 30AADCB2762L1ZV State Name : Goa, Code : 30	Buyer's Order No.	Dated
	Agreement	26-Jul-22
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination Dabolim Airport, Goa
Terms of Delivery		

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

Documents Submission Details:

Location: Goa
Date:- 04/10/24 **Time:-** 11:00
Employee ID :- 1024787
Name:- Vinayak
Department:- Store
Signature:- 

MONTHLY PEST CONTROL BILL (QA)



Amount Chargeable (in words)					E. & O.E
Indian Rupees Forty One Thousand Five Hundred Thirty Six Only					
HSN/SAC	Taxable Value	IGST Rate	IGST Amount	Total Tax Amount	
998539	35,200.00	18%	6,336.00	6,336.00	
Total				35,200.00	6,336.00

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 : **LEGEND SANICURE PVT. LTD**
 Bank Name : **BANK OF INDIA A/C. NO. 401930110000040**
 A/c No. : **401930110000040**
 Branch & IFS Code : **Southern Avenue & BKID0004019**
 SWIFT Code :

for LEGEND SANICURE PVT. LTD.

