


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. LSPL/0249/24-25	Dated 1-Aug-24
	Delivery Note	Mode/Terms of Payment Against Monthly Invoice
Buyer (Bill to) Travel Food Services Kolkata Pvt. Ltd. Netaji Subhas Chandra Bose International Airport Kolkata -700052 GSTIN/UIN : 19AAECT8193L1ZJ State Name : West Bengal, Code : 19	Reference No. & Date.	Other References Inv. Month: July, 2024
	Buyer's Order No.	Dated 20-Nov-18
	Agreement No: Nil, 032/1568	Delivery Note Date
	Dispatch Doc No.	Destination NSC Bose Airport, Kolkata
	Dispatched through	
Terms of Delivery		


SI No.	Description of Services	HSN/SAC	Quantity	Rate	per	Amount
1	Integrated Pest Management Services All Outlets/ Counters (Inside & Outside) Entire Kitchen / Production Areas Entire Stores / Back Office Areas At NSC Bose International Airport Kolkata	998539				42,797.00
						3,851.73
						3,851.73
	Less :					(-0.46)
						CGST
						SGST
						Round Off
Total						₹ 50,500.00

Amount Chargeable (in words) E. & O.E

Indian Rupees Fifty Thousand Five Hundred Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Amount
		Rate	Amount	Rate	Amount	
998539	42,797.00	9%	3,851.73	9%	3,851.73	7,703.46
Total	42,797.00		3,851.73		3,851.73	7,703.46

Tax Amount (in words) : **Indian Rupees Seven Thousand Seven Hundred Three and Forty Six paise 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.  Authorized Signatory

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