

Tax Invoice

Uniforms Guru A 209, Hind Saurashtra Ind. Estate, Andheri Kurla Road Marol, (Near Marol Naka Metro Station) Andheri East, Mumbai 400059 Phone no.: 9699247759 Email: sales@uniformsguru.com GSTIN: 27ALXPM6391E2ZE State: 27-Maharashtra		Invoice No. UG/24-25/191	Date 19-10-2024				
		Place of Supply 09-Uttar Pradesh	PO date 17-09-2024				
		PO number semolina/PO/24-25/000999					
Bill To Semolina Kitchen Pvt LTD Lucknow Chaudhary Charan Singh International Airport Domestic Departure SHA T3 Amausi Lucknow 226008 UP GSTIN Number: 09ABICS8699F1ZH State: 09-Uttar Pradesh		Ship To Chaudhary Charan Singh International Airport Domestic Departure SHA T3 Amausi Lucknow 226008 UP					
#	Item name	HSN/ SAC	Quantity	Unit	Price/ unit	GST	Amount
1	CLASSIC-11-NAVY-10	640411	4	Prs	₹ 500.00	₹ 240.00 (12.0%)	₹ 2,240.00
2	CLASSIC-11-NAVY-9	640411	1	Prs	₹ 500.00	₹ 60.00 (12.0%)	₹ 560.00
3	CLASSIC-11-NAVY-6	640411	2	Prs	₹ 500.00	₹ 120.00 (12.0%)	₹ 1,120.00
4	CLASSIC-11-NAVY-7	640411	2	Prs	₹ 500.00	₹ 120.00 (12.0%)	₹ 1,120.00
5	CLASSIC-11-NAVY-8	640411	7	Prs	₹ 500.00	₹ 420.00 (12.0%)	₹ 3,920.00
	Total		16			₹ 960.00	₹ 8,960.00
Invoice Amount In Words Eight Thousand Nine Hundred and Sixty Rupees only				Amounts Sub Total ₹ 8,960.00			
Payment Mode Credit				Total ₹ 8,960.00			
				Received ₹ 0.00			
				Balance ₹ 8,960.00			
HSN/ SAC		Taxable amount		IGST		Total Tax Amount	
				Rate	Amount		
640411		₹ 8,000.00		12.0%	₹ 960.00	₹ 960.00	
Total		₹ 8,000.00			₹ 960.00	₹ 960.00	
Bank Details Name: AXIS BANK Account No.: 920020070653909 IFSC code: UTIB0004013 Account Holder's Name: Uniformsguru			Terms and conditions Thank you for doing business with us. 			For: Uniforms Guru Proprietor	

Acknowledgment

Uniforms Guru

Invoice To:
Semolina Kitchen Pvt LTD Lucknow
 Chaudhary Charan Singh International
 Airport Domestic Departure SHA T3
 Amausi Lucknow 226008 UP

Invoice Details:
 Invoice No. : UG/24-25/191
 Invoice Date : 19-10-2024
 Invoice Amount : 8960.00

SEMOLINA KITCHEN PVT. LTD.

INTERNATIONAL AIRPORT DEPT. LUCKNOW

REVENUE ASSURANCE DEPT.

FORWARD

DATE 14/11/24 IN TIME 12:25 Sr. No. _____

RA NAME _____

RA SIGNATURE Receiver's Seal & Sign

SUBJECT TO INSPECTION OF MATERIAL