PROFORMA INVOICE

Chalo Safar Health & Travels LLP

Invoice Number: BV1911251

Bill To: Lakshya Choudhary

Guest Name: Mr. Musthafa KT Peruvelloor

Guest Contact: 9667693199

Guest Email: lakshyachoudhary48235@gmail.com

GSTN :

Account Name : Chalo Safar Health & Travels LLP

Account No: 50200059354224

IFSC Code: HDFC0000015

Bank Name: HDFC Bank

Swift Code: HDFCINBB

Bank Address: HDFC BANK LTD., GROUND FLOOR, VIKAS PALAZZO, MULUND WEST

Package Name	Travel Dates	Total Pax	Amount
Rajasthan tour package (not sure which destinations to cover)	01-01-1970 - 01-01-1970	2 Adults	2,650.00

TOTAL AMOUNT BEFORE TAX (INR)	**:**	**2,650.00**
SGST 9%	**:**	**238.50**
CGST 9%	**:**	**238.50**
Grand Total	**:**	**INR 3,127.00**

Total Invoice in words: Three Thousand One Hundred And Twenty Seven Rupees

Terms & Conditions

Payment Terms
Full payment has to be made at the time of booking.

Payment can be done via cheque, Demand Draft, NEFT, RTGS, IMPS and UPI.
Cheque/Demand Draft should be drawn in favour of Buddy4Health LLP In case of payment made by cheque, a booking confirmation will be given subject to the cheque clearance.
For Gpay , use the following contact number.
Gpay number - 9769 575 575

GSTN: 27AAXFB9051H1ZX

022-62510319

301, Serena Bldg., Senroofs, Off Goregaon Mulund Link Rd., Mulund East, Mumbai - 400081

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