PROFORMA INVOICE

Chalo Safar Health & Travels LLP

Invoice Number: BV2411252

Bill To: test

Guest Name: Mrs. Deepika

Guest Contact: 8595590430

Guest Email: deepika@crmtravel.in

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
2 night tour	01-01-1970 - 01-01-1970	2 Adults	5,200.00

TOTAL AMOUNT BEFORE TAX (INR)	**:**	**5,200.00**
SGST 9%	**:**	**468.00**
CGST 9%	**:**	**468.00**
Grand Total	**:**	**INR 6,136.00**

Total Invoice in words: Six Thousand One Hundred And Thirty Six 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

explore@chalosafar.in

https://chalosafar.in