PROFORMA INVOICE

Chalo Safar Health & Travels LLP

Invoice Number: BV1206263
Due Date : 31-07-2026

Bill To: tanya

Guest Name: Miss

Guest Contact: 7701922612

Guest Email: tanyacrmtravel@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
4N5D Thailand package	22-07-2026 - 26-07-2026	4 Adults,1 Childs,1 Infants	343,400.00

TOTAL AMOUNT BEFORE TAX (INR)	**:**	**343,400.00**
SGST 9%	**:**	**30,906.00**
CGST 9%	**:**	**30,906.00**
Grand Total	**:**	**INR 405,212.00**

Total Invoice in words: Four Lakh Five Thousand Two Hundred And Twelve 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