Original for Recipient	$\overline{\ \ }$
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## Invoice

Duplicate for Transporter	
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Triplicate for Supplier

## **ROYAL SERVICES**

L12/144. RAJIV NAGAR SOCIETY, NEAR ESIC MODEL HOSPITAL, BAPUNAGAR, AHMEDABAD GUJARAT - 380024 Phone no.: 9998757793 Email: ROYALSERVICES2511@GMAIL.COM

State: 24-Gujarat

DCDC KIDNEY CARE

ESIC MODEL HOSPITAL BAPUNAGAR AHMEDABAD GUJARAT

Invoice No.: 973 Date: 11-01-2024

Contact	No.: 7898867194				
	Item name		Quantity	Price/ unit	Amount
1	CANON IMAGECLASS MF 4750 PRINTER (1. REFILLING 2. PCR ROLLER)		1	₹ 450.00	₹ 450.00
	Total				₹ 450.00
Invoice Amount In Words			Amounts:		
					₹ 450.00
					₹ 450.00
			Description:		
Four Hundred and Fifty Rupees only			G PAY PAYMENT RECEIVED		
Payment Mode 0021111010111246					
Terms and conditions:		For, ROYAL SERVICES			
we declare that this invoice shows the actual price ot the service descrided and that all particulars are true and correct.		Authorized Signatory			
Bank details:					
Bank Name: SARASPUR NAGARIK CO-OP.BANK LTD					
Bank Account No.: 002111101011246					
Bank IFS	C code: SNBK0000002				