

## Invoice

<b>ESTIMATE / SMARTRAC 24-25</b> 397A/24, 4 MARLA MODEL TOWN, GURUGRAM HR 122001 GSTIN/UIN: 06AASCS5027N1ZQ State Name : Haryana, Code : 06 E-Mail : smartrack.in@gmail.com	Invoice No. <b>ST/C/24-25/000124</b>	Dated <b>14-May-24</b>
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
Consignee (Ship to) <b>DCDC HEALTH SERVICES PVT. LTD.</b> MCH CHARKHI DADRI State Name : Haryana, Code : 06	Buyer's Order No.	Dated
	Dispatch Doc No.	Delivery Note Date
Buyer (Bill to) <b>DCDC HEALTH SERVICES PVT. LTD.</b> MCH CHARKHI DADRI State Name : Haryana, Code : 06	Dispatched through	Destination
	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>POWER SUPPLY</b>	8536	<b>1.00 Pcs</b>	1,050.00	Pcs	<b>1,050.00</b>
2	<b>Labour Charges</b>	9954				<b>300.00</b>
<b>Total</b>			<b>1.00 Pcs</b>			<b>₹ 1,350.00</b>

Amount Chargeable (in words) *E. & O.E*  
**Indian Rupees One Thousand Three Hundred Fifty Only**

HSN/SAC	Taxable Value
8536	1,050.00
9954	300.00
<b>Total</b>	<b>1,350.00</b>

Tax Amount (in words) : **NIL**

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for **ESTIMATE / SMARTRAC 24-25**

*Authorised Signatory*