

(ORIGINAL FOR RECIPIENT)

|                       |                              |
|-----------------------|------------------------------|
| Invoice No.           | Dated                        |
| <b>PS/24-25/46</b>    | <b>12-Apr-24</b>             |
| Delivery Note         |                              |
| <b>Invoice</b>        |                              |
| Reference No. & Date. | Other References             |
|                       | <b>Credit</b>                |
| Buyer's Order No.     | Dated                        |
| <b>20240408015</b>    | <b>8-Apr-24</b>              |
| Dispatch Doc No.      | Delivery Note Date           |
| <b>Invoice</b>        | <b>12-Apr-24</b>             |
| Dispatched through    | Destination                  |
| <b>Self</b>           | Gulmohar Residency, Mallapur |

Received By  
M. Shekar  
9000978917  
[Signature]

E. &amp; O.E.

Tax Amount (in words) : **Indian Rupees Two Thousand Five Hundred Twenty Nine and Twenty Four paise Only**

for Praful Sanitary

Authorized Signatory

This is a Computer Generated Invoice

