**Bill of Supply**

(GST Non- Register)

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| Vendor Name  Vendor Address  Vendor Contact No.  Vendor Pan No.  Vendor E-mail ID | Sapna Chawla  No.6,4th Cross, Sindhi Colony, Assaye road, Bangalore 560005  9886019985  AFIPC0244B  sapnachawla@live.com | |
| Invoice Date – 09/04/25  Invoice No – 07  Project Name – AI March 2025  Project No - 20250360 | | **Billing to:**  Market Xcel Data Matrix Pvt Ltd  No.135, Oblique 1, 2nd Floor,  Lal Bagh Road, Old Mission Compound,  Opp Garuda Maruthi Show room  Bangalore - 560027 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Date** | **Description of the Service** | | **Category Type** | **No. of Units/Mins. & Duration** | **Per Unit Price** | **Total Amount (₹)** |
| 1 | 07/04/25 | Translation | | FGD | MANDAY | 9000 | 9000 |
| 2 | 08/04/25 | Translation | | DI |  |  | 9000 |
| 3 | 08/04/25 | Conveyance to Location one way ( Jc Road to Jalahalli) | |  |  |  | 400 |
|  |  |  | |  |  |  |  |
|  |  |  | |  |  |  |  |
|  | | | **Grand Total (₹)** | | | | 18400 |

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| --- |
| **Grand Total in Words (Rupees): Eighteen thousand four hundred only/-** |

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| Beneficiary Name: - Sapna S Chawla  Bank Name: - Karnataka Bank  Bank Account No.: -4842500102689001  Bank IFSC Code: - KARB0000571 |
| **(Signature)** |