

06127622700020

03-Apr-2026 7:09PM

SALEM FIVE ROADS (SLFR)

ERODE CITY (ERDC)

TO PAY (DD)

33AAJCS0953J1Z9



06127622700020

| CONSIGNOR : | | | | CONSIGNEE : | | | | FREIGHT CHARGES | | AMOUNT |
|--|--|-----------------|---------|---|-------------|------------|-------------------|--------------------------------------|----|--------|
| AQUA PURIFICATION SYSTEMS | | | | KMCH SPECIALITY HOSPITAL -ERODE | | | | BASIC FREIGHT | | -- |
| ,23, Kumaran Nagar, Behind Doctors Colony, Jagir Ammapalayam, Salem, Tamil Nadu, 636302-636302 GSTIN : 33ACTPG9856H1Z1 | | | | 16, palaniappa street, nggo colony, opp erode gh, erode-638009 | | | | ARTICLE CHARGES | | -- |
| Mobile Number : | | 9344044691 | | Mobile Number : | | 4242256456 | | DOCUMENT CHARGES | | -- |
| Email Id: | | NO@GMAIL.COM | | Email Id: | | | | DIESEL HIKE CHARGES | | -- |
| GOODS DESCRIPTION | | SAID TO CONTAIN | | NO. Of ARTICLE | CHARGED WT. | ACTUAL WT. | FREIGHT SURCHARGE | | -- | |
| CARTON BOX | | MEDICINE | | 5 | 125.0 | 125.0 | VALUE SURCHARGE | | -- | |
| INVOICE NO. | 6 | VALUE | 2625.00 | Cus. Spec. Inst : Est. Del. Date : 04-Apr-2026(Booked within cut off time), Delivery Branch Contact No.: 9150112229 | | | | | | |
| E-Waybill No | | | | REMARKS: | | urgent dd | | | | |
| Seal Required Invoice : | | NO | | ODA Location : | | | | | | |
| Sign Required Invoice : | | NO | | ODA Km : | | 0.00 | | | | |
| Customer LR Copy Required : | | | | DELIVERY TYPE : | | NORMAL | | | | |
| Regd. Off. : No:32 H Block 15th Main Road, Anna Nagar, Chennai, Tamil Nadu, 600040 | | | | PLACE OF DELIVERY : | | ERODE CITY | | | | |
| BOOKING OFFICE : | DOOR NO : 157 / 20B, SAMINATHAPURAM MAIN ROAD, NEAR E B OFFICE, SAMINATHAPURAM, SALEM - 636009 | | | | | | | | | |
| Barcode No | 13175113-13175117 | | | | | | | | | |
| OTHER CHARGES | | | | | | | | TOTAL FREIGHT | | 691.00 |
| DOOR COLLECTION | | | | | | | | GST (SGST 9% + CGST 9%) | | 0.00 |
| DOOR DELIVERY | | | | | | | | GRAND TOTAL | | 691.00 |
| | | | | | | | | Rupees : Six Hundred Ninety One Only | | |

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