

**Employee Name -** SAKTHI PRIYA P T

**Employee Contact -** 9047306384

**Company Name -** NOVARTIS HEALTHCARE PVT LTD

**Date -** 21-Sep-2025

Dear SAKTHI PRIYA P T,

With reference to your request number UID No 01092516522921. { 12-Sep-2025 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

|                           |                          |                               |          |
|---------------------------|--------------------------|-------------------------------|----------|
| DELIVERY DATE             | 12-Sep-2025              | DELIVERY TIME                 | 13:00:00 |
| MEETING GUEST COUNT - VEG | 0                        | MEETING GUEST COUNT - NON VEG | 25       |
| MEETING VENUE             | KAUVERY HOSPITAL CHENNAI | MEETING CITY                  | CHENNAI  |
| MEETING SUBJECT           | promo meeting            | SEATING STYLE                 | CLUSTER  |

| ZOMATO LIMITED            | GUEST COUNT / UNIT | PER PERSON UNIT COST | GST   | TOTAL PER PERSON UNIT COST | TOTAL COST INCLUDING GST |
|---------------------------|--------------------|----------------------|-------|----------------------------|--------------------------|
| BUSINESS LUNCH BOX - FOOD | 25                 | 600.00               | 30.00 | 630.00                     | 15750.00                 |
| BANQUET                   |                    | 0                    | 0     | 0                          | 0                        |
| LAPTOP WITH MOUSE         | 1                  | 3500.00              | 630   | 4130                       | 4130.00                  |
| LCD MULTIMEDIA PROJECTOR  | 1                  | 3500.00              | 630   | 4130                       | 4130.00                  |
| PORTABLE SCREEN           | 1                  | 500.00               | 90    | 590                        | 590.00                   |
| SLIDE CHANGER             | 1                  | 1000.00              | 180   | 1180                       | 1180.00                  |
| NET TOTAL                 |                    |                      |       |                            | 25780.00                 |
| AGENCY MANAGEMENT CHARGES |                    |                      |       |                            | 2062.00                  |
| TOTAL BILLING             |                    |                      |       |                            | 27842.00                 |
| GST(18%)                  |                    |                      |       |                            | 5012.00                  |
| TOTAL GROSS BILLING       |                    |                      |       |                            | 32854.00                 |

Kindly note that the quotation provided is for budgetary purposes only. The final invoice will be based on actual consumption and the confirmed guest count.

In the meantime, we request you to please do update the Shopping cart OR Purchase Order No on Hotel-Meeting Requisition Request.

Should you have any questions or need further clarification, please feel free to reach out **Mr Sanchit**

**9930902119 / Ms Priyanka 9096860622** , will be happy to assist for any further queries.

Thank you for your continuous support and cooperation