

**Employee Name - SATHISH KUMAR SRINIVASAN**

**Employee Contact - 9840411013**

**Company Name - NOVARTIS HEALTHCARE PVT LTD**

**Date - 12-Jan-2026**

Dear SATHISH KUMAR SRINIVASAN,

With reference to your request number UID No 29122516211998. { 07-Jan-2026 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

DELIVERY DATE	07-Jan-2026	DELIVERY TIME	13:00:00
MEETING GUEST COUNT - VEG	0	MEETING GUEST COUNT - NON VEG	40
MEETING VENUE	APOLLO HOSPITAL - GREAMS ROAD	MEETING CITY	CHENNAI
MEETING SUBJECT	NOVARTIS MEETING	SEATING STYLE	CLUSTER

SRI KARPAGA VINAYAGAR CATERERS	GUEST COUNT / UNIT	PER PERSON UNIT COST	GST	TOTAL PER PERSON UNIT COST	TOTAL COST INCLUDING GST
BUSINESS LUNCH BOX - FOOD	40	1100.00	55.00	1155.00	46200.00
BANQUET		0	0	0	0
COLLAR MIKE	2	2000.00	360	2360	4720.00
CORDLESS HAND MIKE	1	1000.00	180	1180	1180.00
LAPTOP WITH MOUSE	1	2500.00	450	2950	2950.00
LCD MULTIMEDIA PROJECTOR	1	3000.00	540	3540	3540.00
PORTABLE SCREEN	1	1000.00	180	1180	1180.00
SMALL PA SYSTEM	1	3500.00	630	4130	4130.00
NET TOTAL					63900.00
AGENCY MANAGEMENT CHARGES					5112.00
TOTAL BILLING					69012.00
GST(18%)					12422.00
TOTAL GROSS BILLING					81434.00

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