PURCHASE ORDER



P.O.DETAILS

| P.O. No. | | | P. O. Date | | | Department | | | | Quotation No. | | | | |
|----------------------------|-------------------------|--|------------|------|-------------------|---------------|-----------------|---|---|---------------|-----------------------|---|------|--|
| | | | | VE | ENDOR I | DETAILS | | | | | | | | |
| Address : Phone: Job Ref.: | | Special Notes:- Excise Gate Pass Test Certificate to Mention our P.O. I Please incorporate invoices. Dispatch the good while original and courier to us. Expiry date of abo | | | | | | equired with material be sent with each lot. Illumber in your Invoice. our ECC Number in your son extra copy of invoice duplicate copies to be sent by the materials should not be from receiving date. | | | | | | |
| DESCRIPTION | | | | | | | | | | | | | | |
| Sr. Material | Material Description | HSN Code | Unit | Qty. | Rate | Disc. Rate | Amount | | CGST | | SGST | | IGST | |
| No. Code | | | | | | | | % | Amt. | % | Amt. | % | Amt. | |
| | | | | | | | | | | | | | | |
| | | Total Amount Rs. | | | | | | erms and Conditions: | | | | | | |
| | Total CGST Rs | | | | | | • Freight : NIL | | | | | | | |
| | Total SGST Rs | | | | | • | | | | | | | | |
| Total IGST | | | | | | name of " | | | | | Datar Cancer Genetics | | | |
| Freight | | | | | | | | | Limited" | | | | | |
| Other Charges | | | | | | Rs. | | | Custom Duty : NA Payment Terms : 30 Days | | | | | |
| | | | | | I Bill Amount Rs. | | | | Remark | | | , | | |
| Round Up Amount Rs. | | | | | | | | | | | | | | |
| Amount (In Words): | | | | | | | | | | | | | | |
| Pro | | Checked By State Code: Com | | | | Okas | ation : (| | horized B | У | | | | |