

# PURCHASE ORDER

**Buyer,**  
**Siddhivinayak Distributor,**

Shop no 10, Suyog Navkar Building A,  
Near 7 Loves Chowk, Market Yard Road,  
Pune 411 037.

GSTIN: 27ABVPK5495R2Z9



**Supplier,**  
**Aloeshell Pharmaa LLP**

Address: Office No. 25, Vastushree  
Complex, Market Yard, Pune- 411037,  
Pune,411037  
Phone no: 9371232328  
Email: aloeshellpharmaa@gmail.com

GSTIN : 27ABVFA5648J1ZQ

**OR NO : PONO\_48**

**OR DT : 09-06-2023**

**SUP DT : 09-06-2023**

**TRPT NAME:**

Sr No	Description of Goods	PACKIN G	HSN	Box	Qty	MRP	RATE	GST	AMOUNT
1	123456		66657866 4		20.00		100.00	240.00	2240.00

**Remark :**

**Total :**

**2240.00**

**Amount In Words : Two Thousand Two Hundred and Forty**

**GST: As Applicable**

**Terms & Conditions:**

- 1) Subject to PUNE Jurisdiction
- 2) Ensure proper mention of Batch No. Expiry Date & MRP in invoice.
- 3) Kindly supply from single Batch of long expiry.
- 4) Kindly ensure that products are stored under the appropriate condition during transportation.
- 5) No changes in quantities/item permitted unless confirmed with authorized person(s)
- 6) Delivery will not be accepted on last day of month (due to physical stock verification).
- 7) This order cancels all pending orders of above manufacturer/division.
- 8) Adjust all pending claim in this order.

Expecting co-operation for our success. Thanking you.....

**For, Siddhivinayak Distributor**

**Authorized Signatory**