Order Processing Form

Sales Person: Babita POT ID: POT32256

GOAPL OPF No. SP/B/364 OPF Date: 16.08.2018

Customer Name: ACC Limited Galaxy Billing from (Location): Andheri

Purchase Order No. Mail confirmation Purchase Date: 14.08.2018

| Billing Address | Delivery Address |
|-------------------------------------|--------------------------------------|
| ACC Limited | ACC Limited |
| ACC Thane Complex | ACC Thane Complex |
| L.B.S Marg,Thane-West, Thane-400604 | L.B.S Marg, Thane-West, Thane-400604 |
| State : Maharashtra | State : Maharashtra |
| Contact Person: Mr Gajanan Chavan | Contact Person: Mr Gajanan Chavan |
| Tel # 08879830799 | Tel # 08879830799 |
| Email# | Email# |
| GSTN NO: 27AAACT1507C1ZX | GSTN NO: 27AAACT1507C1ZX |
| PAN NO:- AAACT1507C | PAN NO:- AAACT1507C |
| Customer Declaration Applicable : | Yes / No |

SALES DETAILS:

| Sr. | Description | Qty. | Unit Price INR | Total Price INR |
|-----|--|------|-------------------|--------------------|
| 1 | ThinkPad 65W AC Adapter (slim tip) India for Lenovo X240/L440/X250/L450/X260/L460/ T470/X270Laptop Part No: 0A36264 HSN Code: 85043100 | 1 | 1,450.00 | 1,450.00 |
| | | | Sub- Total | 1,450.00 |
| | | | CGST 9% | 130.50 |
| | | | SGST 9% | 130.50 |
| | | | IGST % | |
| | | | Freight | |
| | | | Grand Total | 1,711.00 |

| Dely. Reqd | . D.tD. | SPC Required. | Prefered Vendor Name | Estimated Delivery Dt. | Mtrl. rcd. From Vendor Dt. | Installation Compl. Date |
|------------|---------|------------------|-------------------------|------------------------|-------------------------------|-----------------------------|
| | | | | | | |

| SPECIAL INSTRUCTIONS: | |
|--|--|
| PAYMENT TERMS: 30Days from the date of Invoice | |
| SCOPE OF WORK: | |
| *Required Cost sheet in excel format along with OPF. | |

Rev. No.: 01 09/04/2014

Order Processing Form

Purchase Department Use Only

Bill of Material

| Sr. | Item 1 | | Item 2 | | Item 3 | |
|-----|--------------------------|------|--------------------------------|--|------------------------|------|
| | Description & Part No. | Qty. | Description & Part No. Qty. | | Description & Part No. | Qty. |
| | Andheri → 0A36264 | 1 | HSN → 8504 → 18% | | | |
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*If required attach additional sheet

| S/N. | Challan No. | Challan Date | Invoice No. | Invoice Date |
|------|-------------|--------------|-------------|--------------|
| | | 1 1 | | 1 1 |
| | | | | |
| | | | | |
| | | 1 1 | | 1 1 |
| | | | | |
| | | 1 1 | | 1 1 |

Accounts Department Use Only

SALES – OPF

Rev. No.: 01
09/04/2014