

## Order Processing Form

Sales Person: Poonam

POT ID : 27548

GOAPL OPF No. SP/P/860

OPF Date: 19/03/2018

Customer Name: Advance IQ Solution Pvt. Ltd

Galaxy Billing from (Location) : Mumbai

Purchase Order No. PO/AIQ/1135/17-18

Purchase Date: 16/03/2018

Billing Address	Delivery Address
<b>Advance IQ Solution Pvt. Ltd</b>	<b>Advance IQ Solution Pvt. Ltd</b>
310, Hammersmith , Narayan Pathare Marg, Off Sitladevi Temple Road, Mahim (West), Mumbai - 400 016.	310, Hammersmith , Narayan Pathare Marg, Off Sitladevi Temple Road, Mahim (West), Mumbai - 400 016.  <b>Psychical material deliver on this address (mail attached )</b> <b>Protolab Electrotechnologies Pvt. Ltd.</b> EL 93, Electronic Zone, Block A Road No.16, MIDC, TTC Industrial Area, Mahape, Navi Mumbai - 400 709
State : Maharashtra	State : Maharashtra
Contact Person:	Contact Person: Mr. <b>Sushant Parab</b>
Tel :-	Tel :- 022 66107474
Email:-	Email:- <a href="mailto:sushant@aiq.in">sushant@aiq.in</a>
GSTN NO: -	GSTN NO: - 27AAGCA1806K1ZR
PAN NO:-	PAN NO:- AAGCA1806K
Customer Declaration Applicable : Yes / No	

### SALES DETAILS:

Sr.	Description	Qty.	Unit Price INR	Total Price INR
1	Kaspersky Endpoint Security for Business – Select for 1 Year Renewal License 65 User	1	45,500.00	45,500.00
			<b>Sub- Total</b>	<b>45,500.00</b>
			<b>CGST 9 %</b>	4,095.00
			<b>SGST 9 %`</b>	4,095.00
			<b>IGST %</b>	no
			<b>Freight</b>	no
			<b>Grand Total</b>	<b>53,690.00</b>

Dely. Req'd.	Dt.D.	SPC Required.	Prefered Vendor Name	Estimated Delivery Dt.	Mtrl. rcd. From Vendor Dt.	Installation Compl. Date

### SPECIAL INSTRUCTIONS:

## Order Processing Form

PAYMENT TERMS : Payment 45 days

SCOPE OF WORK: Delivery & Installation

*\*Required Cost sheet in excel format along with OPF.*

### 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 → Kaspersky Endpoint Security for Business-Renewal	65				

*\*If required attach additional sheet*

S/N.	Challan No.	Challan Date	Invoice No.	Invoice Date
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### Accounts Department Use Only