**Sales Person: Vikrant Aloni POT ID :35404**

GOAPL OPF No. VA/CS/098 OPF Date:06-12-2018

# 

Customer **Name** : Godrej Industries ltd Galaxy Billing from (Location) :Mumbai

# 

Purchase Order No. 2127010370 Purchase Date:-27-11-2018

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| Godrej Industries Ltd  PIROJSHANAGAR, E.E.HIGHWAY  VIKHROLI (E),MUMBAI -400079. | Godrej Industries Ltd  PIROJSHANAGAR, E.E.HIGHWAY  VIKHROLI (E),MUMBAI -400079. |
| State :Maharashtra | State :Maharashtra |
| Contact Person: Mr.Suyesh Panchal | Contact Person: Mr.Suyesh Panchal |
| Tel :-9987153523 | Tel :-9987153523 |
| Email:-suyesh.panchal@godrejinds.com | Email:- [suyesh.panchal@godrejinds.com](mailto:suyesh.panchal@godrejinds.com) |
| GST IN - 27AAACG2953R1Z3  PAN NO:- | GST IN - 27AAACG2953R1Z3  PAN NO:- |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Description** | **qty** | **Unit Rate** | **Amount** |
| 1 | T&M for offsite L1/L2 - REMOTE Support.  Support Period: 1 December 2018 To30 November 2019 | 1 | 250000 | 250000 |
| 2 | AMC Support. Support Period: 1 December 2018 To30 November 2019 | 1 | 220000 | 220000 |
| Amount | | | | 470000 |
| CGST @9% | | | | 42300 |
| SGST @9% | | | | 42300 |
| Total Amount | | | | 554600 |

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

**SPECIAL INSTRUCTIONS:** Address: Godrej Industries Limited Godrej One, 2nd floor,Pirojshanagar, Eastern Express Highway Vikhroli East.Mumbai 400079.

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**PAYMENT TERMS :** 100% on delivery within 30 working days

**SCOPE OF WORK:**

***\*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. |
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***\*If required attach additional sheet***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N. | Challan No. | Challan Date | Invoice No. | Invoice Date |
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**Accounts Department Use Only**