**Sales Person: Babita POT ID:** POT36089

GOAPL OPF No. SP/B/600 OPF Date: 02.01.2019

Customer **Name:** Gilbarco Veeder-Root India Pvt. Ltd. Galaxy Billing from (Location): Mumbai

# 

Purchase Order No. 4500029644 Purchase Date: 24.12.2018

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| Gilbarco Veeder-Root India Pvt. Ltd. | Gilbarco Veeder-Root India Pvt. Ltd. |
| Art Guild House ,’B’ Wing, 1st  Floor, | Art Guild House ,’B’ Wing, 1st  Floor, |
| Phoenix Marketcity, L.B.S Marg, | Phoenix Marketcity, L.B.S Marg, |
| Kurla (West), Mumbai | Kurla (West), Mumbai |
| State : Maharastra | State : Maharastra |
| Contact Person: Mr Ashok Manchakar | Contact Person: Mr Ashok Manchakar |
| Tel # 09619339862 | Tel # 09619339862 |
| Email# | Email# |
| GSTN NO: 27AADCG4992P1ZT  PAN NO:- AADCG4992P | GSTN NO: 27AADCG4992P1ZT  PAN NO:- AADCG4992P |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Seagate Backup Plus 5TB Portable HDD | 4 | 10200 | 40800 |
|  |  |  | Sub- Total | 40800 |
|  |  |  | **CGST 9%** | 3672 |
|  |  |  | **SGST 9%** | 3672 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 48144 |

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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: \_\_\_\_**

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**PAYMENT TERMS :** **45Days from the date of Invoice**

**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**