**Sales Person: Babita POT ID:** POT36092

GOAPL OPF No. SP/B/601 OPF Date: **03.01.2019**

Customer **Name:** First Source Solutions Ltd. Galaxy Billing from (Location): Andheri

Purchase Order No. 1236 Purchase Date: **31.12.2018**

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| First Source Solutions Ltd. | First Source Solutions Ltd. |
| Paradigm  B wing, 3rd Floor,Off Link Road, | Paradigm  B wing, 3rd Floor,Off Link Road, |
| Malad (W), Mumbai 400 064 | Malad (W), Mumbai 400 064 |
| State : Maharashtra | State : Maharashtra |
| Contact Person: Nikita Ashar | Contact Person: Nikhil Khatri |
| Tel # 6666 0817 | Tel # 66660861 |
| Email:-Arvind.K@firstsource.com | Email:-Arvind.K@firstsource.com |
| GSTN NO: 27AAACI8904N1Z6  PAN NO:- AAACI8904N | GSTN NO: 27AAACI8904N1Z6  PAN NO:- AAACI8904N |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price INR | Total Price INR |
| 1 | Dell Wireless WM126 Mouse | 1 | 750 | 750 |
|  |  |  | **Sub- Total** | 750 |
|  |  |  | **CGST 9%** | 67.50 |
|
|  |  |  | **SGST 9%** | 67.50 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 885 |
|

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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: Please deliver the material in DC; I will share you the Po within 2 Days**

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**PAYMENT TERMS:** **30Days 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**