**Sales Person: Poonam POT ID :** 34770

GOAPL OPF No. SP/P/653 OPF Date: 15/11/2018

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CustomerName: Capgemini Technology Services India limited Galaxy Billing from (Location) : Mumbai

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Purchase Order No. 2500087261 Purchase Date: 15/11/2018

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Billing Address** | Delivery Address | | | | | | | | | | | | |
| **Capgemini Technology Services India limited** | **Capgemini Technology Services India limited** | | | | | | | | | | | | |
| Building No 5, Gigaplex Estate Pvt. Ltd. Unit No. 101, 201, 301, 401 & 501, Plot No. IT-5 TTC Industrial Area, Airoli Navi Mumbai, 400708  Maharashtra, INDIA | Building No 5, Gigaplex Estate Pvt. Ltd. Unit No. 101, 201, 301, 401 & 501, Plot No. IT-5 TTC Industrial Area, Airoli Navi Mumbai, 400708  Maharashtra, INDIA | | | | | | | | | | | | |
| State : Maharashtra | State : Maharashtra | | | | | | | | | | | | |
| Contact Person: Mr. Sachin Chavan | Contact Person: Mr. Sachin Chavan | | | | | | | | | | | | |
| Tel :- 9930057323 | Tel :- 9930057323 | | | | | | | | | | | | |
| Email:- sachin.a.chavan@capgemini.com | Email:- sachin.a.chavan@capgemini.com | | | | | | | | | | | | |
| GSTN NO: - 27AABCM4573E2ZI  PAN NO:- | GSTN NO: - 27AABCM4573E2ZI  PAN NO:- AABCM4573E | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Box for Bench Setup | 10 | 9,040.00 | 90,400.00 |
|  |  |  | Sub- Total | 90,400.00 |
|  |  |  | **CGST 9 %** | Exempted |
|  |  |  | **SGST 9 %`** | Exempted |
|  |  |  | **IGST %** | No |
|  |  |  | **Freight** | No |
|  |  |  | **Grand Total** | 90,400.00 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 :** **Payment 45 days**

**SCOPE OF WORK: Only delivery**

***\*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**