**Sales Person: Poonam POT ID :** 35777

GOAPL OPF No. SP/P/743 OPF Date: 20/12/2018

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

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Purchase Order No. 2500089805 Purchase Date: 18/12/2018

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| **Billing Address** | Delivery Address | | | | | | | | | | | | | | | | | | | | | |
| **Capgemini Technology Services India limited** | **Capgemini Technology Services India limited** | | | | | | | | | | | | | | | | | | | | | |
| 158 - 162 & 165 - 170 EPIP Phase II, Whitefield  Bangalore, 560066 Karnataka, INDIA | 158 - 162 & 165 - 170 EPIP Phase II, Whitefield  Bangalore, 560066 Karnataka, INDIA | | | | | | | | | | | | | | | | | | | | | |
| State : Karnataka | State : Karnataka | | | | | | | | | | | | | | | | | | | | | |
| Contact Person: Saravanan Thiyagarajan | Contact Person: Saravanan Thiyagarajan | | | | | | | | | | | | | | | | | | | | | |
| Tel :- 8660462883 | Tel :- 8660462883 | | | | | | | | | | | | | | | | | | | | | |
| Email:- saravanan.thiyagarajan@capgemini.com | Email:- saravanan.thiyagarajan@capgemini.com | | | | | | | | | | | | | | | | | | | | | |
| GSTN NO: - 29AABCM4573E1ZF  PAN NO:- | GSTN NO: - 29AABCM4573E1ZF  PAN NO:- AABCM4573E | | | | | | | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Google Pixel 3 64GB IN, Black Mobile | 1 | 61,390.00 | 61,390.00 |
|  |  |  | Sub- Total | 61,390.00 |
|  |  |  | **CGST 6 %** | 3,683.40 |
|  |  |  | **SGST 6 %** | 3,68..40 |
|  |  |  | **IGST %** | no |
|  |  |  | **Freight** | no |
|  |  |  | **Grand Total** | 68,756.80 |

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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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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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|  |  | / / |  | / / |
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**Accounts Department Use Only**