Sales Person: Poonam POT ID : 36005

GOAPL OPF No. SP/P/770 OPF Date: 29/12/2018

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Customer Name: Pfizer Products (I) Pvt. Ltd Galaxy Billing from (Location) : Mumbai

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Purchase Order No. 8502069744/7280 Purchase Date: 03/01/2019

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| Billing Address | Delivery Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pfizer Products (I) Pvt. Ltd | Pfizer Products (I) Pvt. Ltd | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Capital,1802/1901,18th Floor, Plot No. C-70 G Block Bandra Kurla Complex, Bandra East. Mumbai Maharashtra 400051 | Plot No. C-70 G Block, The Capital,1802/1901,18th Floor. Bandra Kurla Complex, Bandra East,Mumbai Maharashtra 400051 | | | | | | | | | | | | | | | | | | | | | | | | | |
| State : Maharashtra | State : Maharashtra | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person : | Contact Person : Amit Katkar | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel :- | Tel: 9892389390 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email:- | Email# amit.katkar@Pfizer.com | | | | | | | | | | | | | | | | | | | | | | | | | |
| GSTN NO: - 27AADCP8985B1Z4  PAN NO:- | GSTN NO: -  PAN NO:- | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SALES DETAILS:

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| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | iPAD Air 2 USB cable\_Part No. MD818ZM/A  User Name : Rohit Kumar Singh  Pfizer Products India Pvt. Ltd  (PIH Oncology) | 1 | 1,300.00 | 1,300.00 |
| 2 | iPad Air 2 cover\_TARGUS THZ 634G  User Name : Rohit Kumar Singh  Pfizer Products India Pvt. Ltd  (PIH Oncology) | 1 | 1,650.00 | 1,650.00 |
|  |  |  | Sub- Total | 2,950.00 |
|  |  |  | CGST 9 % | 265.50 |
|  |  |  | SGST 9 % | 265.50 |
|  |  |  | IGST % | no |
|  |  |  | Freight | no |
|  |  |  | Grand Total | 3,481.00 |

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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 |
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SPECIAL INSTRUCTIONS:

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PAYMENT TERMS : Payment 90 days

SCOPE OF WORK: Only delivery

*\*Required Cost sheet in excel format along with OPF.*

Purchase Department Use Only

##### Bill of Material

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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*

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