**Sales Person: Tasneem** **POT ID: POT35930**

GOAPL OPF No. TK-117 OPF Date: 29/12/2018

Customer Name: National investment and

Infrastructure Fund Ltd Billing from (Location): Mumbai

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Purchase Order No.: ITPRO/18-19/BC/SUR/001 Purchase Date: 28-12-2018

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Billing Address** | Delivery Address | | | | | | | | | | | | | | | |
| National Investment and Infrastructure Fund Ltd | National Investment and Infrastructure Fund Ltd | | | | | | | | | | | | | | | |
| UTI Tower,  GN Block, 4th Floor,  Bandra Kurla Complex,  Bandra – East, Mumbai - 400051 Maharashtra India | UTI Tower,  GN Block, 4th Floor,  Bandra Kurla Complex,  Bandra – East, Mumbai - 400051 Maharashtra India | | | | | | | | | | | | | | | |
| State : Maharashtra | State : Maharashtra | | | | | | | | | | | | | | | |
| Contact Person: Guru Vittal | Contact Person: Guru Vittal | | | | | | | | | | | | | | | |
| Tel :- 022 62646625 | Tel :- 022 62646625 | | | | | | | | | | | | | | | |
| Email:- guru.vittal@niifindia.in | Email:- guru.vittal@niifindia.in | | | | | | | | | | | | | | | |
| GSTN NO: - 27AAFCN2625LIZA  PAN NO:- | GSTN NO: 27AAFCN2625LIZA  PAN NO:- | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1. | |  |  | | --- | --- | | Product | SPro i5 256GB+ 8GB | | Accessories | Surface pro pen | | Accessories | Spro Type Cover | | Warranty Upgrade | Surface Pro EHS - 3 yrs (1yr std+2yr ext) | | 10 | 1,00,000 | 10,00,000.00 |
|  |  |  | Sub- Total | **10,00,000.00** |
|  |  |  | **CGST 9%** | **90,000.00** |
|  |  |  | **SGST 9%** | **90,000.00** |
|  |  |  | **IGST 18%** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | **11,80,000.00** |

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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** |
|  |  |  |  |  |  |  |

SPECIAL INSTRUCTIONS:

Warranty:

PAYMENT TERMS: **100% payment within 1 week of delivery**

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**