**Sales Person: Tasneem POT ID : POT30823**

GOAPL OPF No. TK-NW-067 OPF Date: 30/08/2018

Customer Name: Ryker Base Pvt. Ltd. Galaxy Billing from (Location) : Mumbai

# 

Purchase Order No. RBPL/18-19/PO/375 Purchase Date: 27/08/2018

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| **Billing Address** | Delivery Address | | | | | | | | | | | | | | | | | |
| Ryker Base Pvt. Ltd. | Ryker Base Pvt. Ltd. | | | | | | | | | | | | | | | | | |
| Survey No. 21, Village Asoj,  Near Kemrock, Vadodra – Halol Highway,  Taluka : Waghodia,  Dist : Vadodra – Gujarat - 391510 | Survey No. 21, Village Asoj,  Near Kemrock, Vadodra – Halol Highway,  Taluka : Waghodia,  Dist : Vadodra – Gujarat - 391510 | | | | | | | | | | | | | | | | | |
| State : Ahmedabad | State : Ahmedabad | | | | | | | | | | | | | | | | | |
| Contact Person: Prakash | Contact Person: Prakash | | | | | | | | | | | | | | | | | |
| Tel :- 9820564428 | Tel :- 9820564428 | | | | | | | | | | | | | | | | | |
| Email:- | Email:- | | | | | | | | | | | | | | | | | |
| GSTN NO: - 24AAHCR8445C1ZF  PAN NO:- | GSTN NO: 24AAHCR8445C1ZF  PAN NO:- | | | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Supply of Active Components | As per BOM | As per BOM | 17,66,370.00 |
| 2 | Installation charges for Above |  |  | 1,40,000.00 |
|  |  |  | Sub- Total | 19,06,370.00 |
|  |  |  | **CGST 9 %** |  |
|  |  |  | **SGST 9 %** |  |
|  |  |  | **IGST 18 %** | 3,43,147.00 |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 22,49,517.00 |

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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: NA

PAYMENT TERMS: **30% Advance, 60% Against Delivery and 10% after installation.**

SCOPE OF WORK: as per quote.

***\*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**

**BOM**

