**Sales Person: Vikrant Aloni POT ID:** 33958

GOAPL OPF No. VA/M/079 OPF Date:22-10-2018

# 

Customer **Name** : HDB financial services Galaxy Billing from (Location) :Mumbai

# 

Purchase Order No. **PO/HDB/R739/18-19** Purchase Date: - **17-Oct-2018**

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| **Zenith house ground floor Keshvrao Khadye Marg Opp Race Course Mahalaxmi Mumbai - 400034**  Branch Name:Corporate Office - Zenith house Branch CODE:H00000000237. | **Zenith house ground floor Keshvrao Khadye Marg Opp Race Course Mahalaxmi Mumbai - 400034**  Branch Name:Corporate Office - Zenith house Branch CODE:H00000000237. |
|  |  |
| State :Maharashtra | State :Maharashtra |
| Contact Person: Mr. Yogesh Vaidya | Contact Person: Mr. Yogesh Vaidya |
| Tel :-7498250171 | Tel :-7498250171 |
| Email:- 'yogesh.vaidya@hdbfs.com | Email:- 'yogesh.vaidya@hdbfs.com |
| GSTN NO: -27AABCH8761M1Z1  PAN NO:- | GSTIN:27AABCH8761M1Z1 |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr no.** | **Description** | **Qty** | **Unit Amount** | **Amount** |
| 1 | L2 Resource per Annum Start Date 17-Oct-18 - End Date 16-Oct-19 | 1 | 1080000 | 1080000 |
| Amount | | | | 1080000 |
| CGST @9% | | | | 97200 |
| SGST @9% | | | | 97200 |
| Total Amount | | | | 1274400 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dely. Reqd. Dt.** | **L. D.** | **SPC**  **Required.** | **Prefered Vendor**  **Name** | **Estimated**  **Delivery Dt.** | **Mtrl. rcd. From**  **Vendor Dt.** | **Installation**  **Compl. Date** |
|  |  |  |  |  |  |  |

**SPECIAL INSTRUCTIONS:END user detail Mr. Yogesh Vaidya**

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**PAYMENT TERMS :** **100% after submission on invoice (Monthly)**

**SCOPE OF WORK:**

***\*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**