**Sales Person: Babita POT ID :** POT28983

GOAPL OPF No. SP/B/095 OPF Date: 04.05.2018

Customer **Name** : Ambuja Cement Limited Galaxy Billing from (Location) :Andheri

# 

Purchase Order No. Mail Confirmation Purchase Date: 04.05.2018

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| Ambuja Cement Limited | Ambuja Cement Limited |
| Elegant Business Park, MIDC Cross Road “B” | Elegant Business Park, MIDC Cross Road “B” |
| Mumbai : 400059 | Mumbai : 400059 |
| State :Mumbai | State :Mumbai |
| Contact Person: Mr Vishal Kanthawala | Contact Person: Mr Vishal Kanthawala |
| Tel # 9167872775 | Tel # 9167872775 |
| Email# | Email# |
| GSTN NO: 27AAACG0569P2Z6  PAN NO:- AAACG0569P | GSTN NO: 27AAACG0569P2Z6  PAN NO:- AAACG0569P |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Seagate 1TB Expansion HDD | 1 | 3,775.00 | 3,775.00 |
|  |  |  | Sub- Total | 3,775.00 |
|  |  |  | **CGST 9%** | 339.75 |
|  |  |  | **SGST 9%** | 339.75 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 4,454.50 |

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

**SPECIAL INSTRUCTIONS: \_\_\_\_**

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**PAYMENT TERMS :** **30Days from the date of Invoice**

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