**Sales Person: Babita POT ID:** POT33836

GOAPL OPF No. SP/B/456 OPF Date: 05.10.2018

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

# 

Purchase Order No. Mail confirmation Purchase Date: 03.10.2018

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| ACC Limited | ACC Limited |
| CEMENT HOUSE, 121, M K Road | CEMENT HOUSE, 121, M K Road |
| Churchgate, Mumbai-400020. | Churchgate, Mumbai-400020. |
| State : Maharashtra | State : Maharashtra |
| Contact Person: Mr Vidya | Contact Person: Mr Vidya |
| Tel # 22 33024210 | Tel # 22 33024210 |
| Email# | Email# |
| GSTN NO: 27AAACT1507C1ZX  PAN NO:- AAACT1507C | GSTN NO: 27AAACT1507C1ZX  PAN NO:- AAACT1507C |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Adapater to connect from iPad to Projector | 1 | 3,900.00 | 3,900.00 |
|  |  |  | Sub- Total | 3,900.00 |
|  |  |  | **CGST 9%** | 351.00 |
|  |  |  | **SGST 9%** | 351.00 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 4,602.00 |

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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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**Accounts Department Use Only**