**Sales Person: Babita POT ID :** POT34611

GOAPL OPF No. SP/B/493 OPF Date: **09.11.2018**

Customer **Name** : Barclays Global Service Centre Pvt Ltd Galaxy Billing from (Location) :Andheri

# 

Purchase Order No. 8000244093 Purchase Date: **05.11.2018**

|  |  |
| --- | --- |
| **Billing Address** | Delivery Address |
| Barclays Global Service Centre Pvt Ltd | Barclays Global Service Centre Pvt Ltd |
| DLF IT Park (SEZ), 1/124 8 Flr 9A & 5,8 Flr Blk 9A, | DLF IT Park (SEZ), 1/124 8 Flr 9A & 5,8 Flr Blk 9A, |
| Shivaji Garden Moonlight Stop Chennai : 600089 | Shivaji Garden Moonlight Stop Chennai : 600089 |
| State : Tamil Nadu | State : |
| Contact Person: Mr. M.Karthikeyan | Contact Person: M.Karthikeyan |
| Tel # 9962599322 | Tel # 9962599322 |
| Email# | Email# |
| GSTN NO: 33AADCB1173D2ZA  PAN NO:- AADCB1173D | GSTN NO: 33AADCB1173D2ZA  PAN NO:- AADCB1173D |
| Customer Declaration Applicable : Yes / No | |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price INR | Total Price INR |
| 1 | Privacy for 19” (LT1913P) Monitor | 2 | 5000 | 10000 |
|  |  |  | **Sub- Total** | 10000 |
|  |  |  | **CGST 9%** | EXEMPT |
|
|  |  |  | **SGST 9%** |  |
|  |  |  | **IGST 18%** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 10000 |
|

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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: \_\_\_\_**

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**PAYMENT TERMS :** **45Days 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**