**Sales Person: Tasneem POT ID : POT28276**

GOAPL OPF No. TK-0006 OPF Date: 10/04/2018

Customer Name : Abhijeet Katavare Galaxy Billing from (Location) : Mumbai

# 

Purchase Order No. Verbal Purchase Date: 10/04/2018

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Billing Address** | Delivery Address | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| FI-1102, A wing, D,  Wisteria park, near Murli Hotel,  off sinhgad service road,  Wadgaon bk,  Pune, 411041 | FI-1102, A wing, D,  Wisteria park, near Murli Hotel,  off sinhgad service road,  Wadgaon bk,  Pune, 411041 | | | | | | | | | | | | | | | | | |
| State : Maharashtra | State : Maharashtra | | | | | | | | | | | | | | | | | |
| Contact Person: Abhijeet Katavare | Contact Person: Abhijeet Katavare | | | | | | | | | | | | | | | | | |
| Tel :- 9822338826 | Tel :- 9822338826 | | | | | | | | | | | | | | | | | |
| Email:- | Email:- | | | | | | | | | | | | | | | | | |
| GSTN NO: -  PAN NO:- | GSTN NO:  PAN NO:- | | | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Part No. 80SXA06CIN  Notebook LN V310-14ISK I3 4G 500G | 1 | 22542.37 | 22542.37 |
|  |  |  | Sub- Total | 22542.37 |
|  |  |  | **CGST 9 %** | 2028.81 |
|  |  |  | **SGST 9 %** | 2028.81 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 26600.00 |

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

SPECIAL INSTRUCTIONS:

Warranty:

PAYMENT TERMS :

SCOPE OF WORK: Only delivery

***\*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. | |
|  | Kalamboli 🡪 80SXA06CIN | 1 |  |  |  |  | |
|  | Kalamboli 🡪 4X40H21-969 | 1 |  |  |  |  | |
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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**