**Sales Person: Tasneem POT ID :** POT26231

GOAPL OPF No. TK-D-004 OPF Date: 29/03/2018

Customer Name : Aditya Birla Finance Ltd. Galaxy Billing from (Location) : Mumbai

# 

Purchase Order No. ABFL/IT-INFRA/18-19/005 Purchase Date: 29/03/2018

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Billing Address** | Delivery Address | | | | | | | | | | | | | | | | |
| Aditya Birla Finance Ltd. | Aditya Birla Finance Ltd. | | | | | | | | | | | | | | | | |
| G-Corp Tech Park,  Information Technology Department,  5th Floor, Opp Hypercity Mall,  Kasarvadavali, Ghodbunder Road,  Thane (W), 400601 | G-Corp Tech Park,  Information Technology Department,  5th Floor, Opp Hypercity Mall,  Kasarvadavali, Ghodbunder Road,  Thane (W), 400601 | | | | | | | | | | | | | | | | |
| State : Maharashtra | State : Maharashtra | | | | | | | | | | | | | | | | |
| Contact Person: Ganesh Nile | Contact Person: | | | | | | | | | | | | | | | | |
| Tel :- | Tel :- | | | | | | | | | | | | | | | | |
| Email:- | Email:- | | | | | | | | | | | | | | | | |
| GSTN NO: - 27AABCB5769M1Z5  PAN NO:- | GSTN NO: 27AABCB5769M1Z5  PAN NO:- | | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | [Red Hat Enterprise Linux High Availability Part](https://www.redhat.com/en/store/high-availability-add) # RH00025F3 with Premium support for the period of 3 years | 2 | 47000.00 | 94000.00 |
|  |  |  |  |  |
|  |  |  | Sub- Total | 94000.00 |
|  |  |  | **CGST 9 %** | 8460.00 |
|  |  |  | **SGST 9 %** | 8460.00 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 110920.00 |

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

SPECIAL INSTRUCTIONS: 1 – 2 Weeks from the date of receipt of PO

Warranty:

PAYMENT TERMS : **100% payment within 30 days of Invoice submission post completion of work.**

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**