**Sales Person: Tasneem POT ID : POT28000**

GOAPL OPF No. TK-NW-001 OPF Date: 02/04/2018

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

# 

Purchase Order No. ABHFL/ADM/MH-01/240/S[E/2018 Purchase Date: 30/03/2018

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Billing Address** | Delivery Address | | | | | | | | | | | | | | | |
| Aditya Birla Housing Finance Ltd. | Aditya Birla Housing Finance Ltd. | | | | | | | | | | | | | | | |
| 701-A, Shri Ram, Shyam Towers,  Kengsway,  Nagpur, 440001 |  | | | | | | | | | | | | | | | |
| State : Maharashtra | State : | | | | | | | | | | | | | | | |
| Contact Person: Ritesh Nair | Contact Person: | | | | | | | | | | | | | | | |
| Tel :- 9833910901 | Tel :- | | | | | | | | | | | | | | | |
| Email:- | Email:- | | | | | | | | | | | | | | | |
| GSTN NO: - 27AABCL6440R1ZZ  PAN NO:- | GSTN NO:  PAN NO:- | | | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Extra Material – Information Outlet Cat6 & Rj11,  Faceplate, krone & MDF Box | 1 | 9380.00 | 9380.00 |
| 2 | Termination cost For Information Outlet, Faceplate,  Krone & MDF Box | 1 | 1500 | 1500.00 |
|  |  |  | Sub- Total | 10880.00 |
|  |  |  | **CGST 9 %** | 979.20 |
|  |  |  | **SGST 9 %** | 979.20 |
|  |  |  | **IGST %** |  |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 12838.40 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 10 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. | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  | |

***\*If required attach additional sheet***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N. | Challan No. | Challan Date | Invoice No. | Invoice Date |
|  |  | / / |  | / / |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | / / |  | / / |
|  |  |  |  |  |
|  |  | / / |  | / / |

**Accounts Department Use Only**