**Sales Person: Reeti POT ID :** POT25367

GOAPL OPF No. RB-NW-033 OPF Date: 24/01/2018

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

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Purchase Order No. ABHFL/IT-INFRA/17-18/00154 Purchase Date: 22/01/2018

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| **Billing Address** | Delivery Address | | | | | | | | | | | | | |
| Aditya Birla Housing Finance Ltd. | Aditya Birla Housing Finance Ltd. | | | | | | | | | | | | | |
| Kay Kay Business Centre, Plot No. 133,  M P Nagar, Zone 1,  Bhopal 462011 | Kay Kay Business Centre, Plot No. 133,  M P Nagar, Zone 1,  Bhopal 462011 | | | | | | | | | | | | | |
| State : Madhya Pradesh | State : Madhya Pradesh | | | | | | | | | | | | | |
| Contact Person: Amandeep Singh | Contact Person: Amandeep Singh | | | | | | | | | | | | | |
| Tel :- 9867609828 | Tel :- 9867609828 | | | | | | | | | | | | | |
| Email:- | Email: | | | | | | | | | | | | | |
| GSTN NO: - 23AABCL6440R1Z7  PAN NO:- | GSTN NO: 23AABCL6440R1Z7  PAN NO:- | | | | | | | | | | | | | |
| Customer Declaration Applicable : Yes / No | |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Lan Cabling for Bhopal Kay Kay Business Centre (New Site) Material + Labour,  88 – AMP – Information Outlet ( Rack Side D-44 + DR-44)  88- AMP – Information Outlet ( Field Side D-44 + DR -44)  8 – AMP- Cat6 Cable ( Box of 305 Mtr)  4 – AMP – Jack Panel 24 Port (Data – 2, DR-2)  44 – AMP – vPatch Cord 3 Feet (Data Active -44)  44 – AMP Patch Cord 7 Feet (Data Active – 44)  44-AMP – Faceplate Dual  44- Standard – Back Box  12 – Standard – Casing Capping 4 Inch  20 – Standard – Casing Capping 2 Inch | 1 | 209764.75 | 209764.75 |
|  |  |  | Sub- Total | 209764.75 |
|  |  |  | **CGST %** |  |
|  |  |  | **SGST %** |  |
|  |  |  | **IGST 18 %** | 37757.65 |
|  |  |  | **Freight** |  |
|  |  |  | **Grand Total** | 247522.4 |

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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: Delivery: 1-2 Weeks from the date of receipt of PO.

Warranty:

PAYMENT TERMS : **100% Payment within 30days of Invoice Submission .**

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. | |
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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**