**PURCHASE ORDER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Invoice To:  Address  Phone No. | | Order No: | | | | Dated | | |
|  | | | | Mode/Terms of Payment | | |
| Supplier’s Ref : | | | | Other Reference | | |
| Supplier : | | Dispatch Through : | | | | Destination | | |
| Terms of Delivery | | | | | | |
| S.No | Description Of Goods | | | Quantity | Rate | | Per | Amount |
|  |  | | |  |  | |  |  |
|  |  | | |  |  | |  |  |
| Remarks : | | | | | | | | |
| Company’s GST No. : | | | For **Serwell Medi - Equip (P) Ltd**  Authorized Signatory | | | | | |
|  | | |  | | | | | |

**TERMS AND CONDITIONS**

1. Original Invoice should be sent along with the consignment
2. Mention GST Number / HSN code / SAC in your Invoice whichever is applicable
3. Outer packing must be in good condition to avoid any damage while transit
4. Certificate of analysis should accompany with consignment
5. If the material is rejected with regard to quality problems, the same should be replaced
6. Validity of the Purchase order: 45 days from the date of order