

Purchase Order

Indent No.:	IN0037
Indent By:	master

Bill To	
Name Of Company*	Cyclone Pharma
Address:	Viman Nagar
Gst No:	21AAAAA0000A1Z5
Location:	A-90
State:	Maharashtra
Pin:	441001

Ship To <input checked="" type="checkbox"/>	
Name Of Company*	Cyclone Pharma
Address:	Viman Nagar
Gst No:	21AAAAA0000A1Z5
Location:	A-90
State:	Maharashtra
Pin:	441001

Discount Type:	Discount In:	Discount %:	Split Dispatch Schedule :
Entire PO	Percentage	10	No

Materials:

Sr.	Action	Material Name	Vendor Name	Discount %.	Qty	Quotation Amt.	Gross Total	Discount Amt.	Taxable	Tax Total	Net Total	Schedule Dil.Dt.
1.	<input checked="" type="checkbox"/>	Acetaminophen USP	SKC CO.LTD	10	200 Kg	100	20000	2000	18000	720	18720	<div>2024-07-05</div>

Tax Splitup:

Percentage	IGST	SGST	CGST	TOTAL GST
4%	720	0	0	720

Terms & Conditions:

ADD

DELETE

Select	Term Heading	Terms & Conditions
<input checked="" type="checkbox"/>	30 Days	within 30 days Delivery
<input checked="" type="checkbox"/>	Covering	The Transporter should cover the container with proper covering
<input type="checkbox"/>	Payment	Quatation Valid For 15 Days
<input type="checkbox"/>	Quatation Term	After Copy Of Software Is Createdfgvb

Additional Term :

ADD

DELETE

Select	Additional Term/ Narration/ Note :
<input type="checkbox"/>	test
<input checked="" type="checkbox"/>	The Transporter should cover the container with proper covering
<input checked="" type="checkbox"/>	The Transporter should cover the container with proper covering
<input type="checkbox"/>	sdasd
<input type="checkbox"/>	sdaasd
<input type="checkbox"/>	Thi PO Valid For 30 Days

Shipping & Handling Charges:-*	Freight at actual To Pay
Not Applicable	Delivery At Daman Godown