

Purchase Order

Purchase Type:

Local Purchase

Indent No.	Indent By	Indent Date *
INO149	master	2025-01-25

Bill To	
Name Of Company*	Cyclone pharma
Address:	Viman Nagar
Gst No:	22AAAAA0000A1Z5
Location:	
State:	Karnataka
Pin:	411043

Ship To 	
Name Of Company:*	Cyclone pharma
Address:	Viman Nagar
Gst No:	22AAAAA0000A1Z5
Location:	
State:	Karnataka
Pin:	411043

Discount Type:

Entire PO

Discount In:

Percentage

Discount %:

0

Split Dispatch Schedule :

No

Materials:

Sr.	Action	Material Name	Vendor Name	Discount %.	Qty	Quotation Amt.	Gross Total	Discount Amt.	Taxable	Tax Total	Net Total	Schedule Dtl.Dt.
1.	<input checked="" type="checkbox"/>	Vildagliptin	Simpex Pharmaceuticals Pvt Ltd	0	5 KG	20000	100000	0	0	3000	103000	<div>2025-01-31</div>

Tax Splitup:

Percentage	IGST	SGST	CGST	TOTAL GST
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Terms & Conditions:

ADD

DELETE

Select	Term Heading	Terms & Conditions
<input checked="" type="checkbox"/>	Delivery	within 30 days
<input checked="" type="checkbox"/>	Storage	Stored in Dry Place
<input checked="" type="checkbox"/>	Term	within 30 days
<input checked="" type="checkbox"/>	Delivery	on Time
<input checked="" type="checkbox"/>	Delivery	Delivery should be within 40 days
<input type="checkbox"/>	adfsdghfjy	grtryj

Additional Term :

ADD

DELETE

Select	Additional Term/ Narration/ Note :
<input checked="" type="checkbox"/>	Should be delivered on time.
<input checked="" type="checkbox"/>	Notes
<input type="checkbox"/>	xzdfghgjk

Shipping & Handling Charges / Insurance :\*

Not Applicable

Freight at actual To Pay