



ORDER PURCHASE SLIP
Order Number PO/FDK222300005

09-03-2023 12:46:11

Vendor No. V0000302
 CLIMATROL CORPORATION
 HASRA NO. 441/170, CLIMATROL CORPORATION,
 MAHAN ROAD, MAINTHAPAL, SIRMAUR, HIMACHAL
 PRADESH
 HIMACHAL PRADESH, India 173030
 India
 A.N. No. AAGFC0806N
 State Code
 Vendor GST No. 02AAGFC0806N1ZR
 Vendor Inv. No.
 Vendor Fax No.
 Vendor Email info@climatrol.in

Shipped Location
 FDK Other Operations
 NH54, Indocan Factory, Talwani
 Rd.Fact. Outlet & FC, Faridkot
 FARIDKOT, India 151203
 India
 Contact Person
 Contact No.
 E-Mail kumal.dhulap@travelfoodserv
 ices.com
 ETA:
 Order Address

Invoice Location
 FDK Other Operations
 NH54, Indocan Factory, Talwani
 Rd.Fact. Outlet & FC, Faridkot
 151203
 India
 IN
 kumal.dhulap@travelfoodservices.com
 Payment Terms Net 30 Days

Corporate Address
 TFS (R&R) Works Private Limited
 Haridwar Food Plaza, Adj to Crystal World,
 Haridwar Roorkee NH-58, Haridwar
 Uttarakhand, 249405
 State 05
 State Name Uttarakhand
 Comp GST No. 05AADCT1597R1ZN
 GSTIN No. 03AADCT1597R1ZR
 Requisition No.
 PO Entry Date 06-03-2023
 Project ID

Item Code	Code	Item Description	Description 2	Item Category	UOM	Unit Cost	Qty	GST%	VAT %	Excise	Total Tax Amount(ININR)	Total Amount (ININR)
7000031	8418	Cold Rooms	Supply Price- Chiller		Each	2,01,397.00	1	18.00	0.00	0	0	201397.00
7000031	8418	Cold Rooms	Installation Price of Chiller		Each	50,000.00	1	18.00	0.00	0	0	50000.00
							Total Unit	2.00				

Payment Terms: 50% Advance and 50 % after Installation Warranty; against manufacturing defects for 15 months from the date of Invoice supply or 12 months from the date of installation, whichever is earlier. Refrigeration piping beyond 15 Rft. Will be charged extra @ @ Rs 750 per RFT. Location: For Dominos Faridkot Freight Extra at actual

Total Taxable INR	2,51,397.00
Excise Amount	0.00
IGST Amount	45,251.46
Cess	0.00
	0.00

Products to be Supplied by Supplier at own cost
 Delivery schedule to be from the Buyer before
 Catching the mater
 e Payment of taxes will released once the Taxes is ited to our Account or GST Portal

b) Any deficiency in Documents and Process will be liability of the supplier only
 d) PLEASE SEND THE ORIGINAL COMMERCIAL/GST INVOICE ALONG WITH THE MATERIAL TO THE DELIVERY ADDRESS.

Total INR Incl. Taxes 2,96,648.46

Disclaimer - Unless informed to us it is assumed that you are not registered as MSME with the respective government authority. If you have not yet provided the MSME details along with proof kindly provide the same at earliest. Alternatively once you get registered then provide us relevant proof to update our records.



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Page No. 2

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CLIMATROL CORPORATION

108-A, Madangir, New Delhi-110062 Tel. : 011-40775500-501
E-mail: service@climatrol.in, servicesupport@climatrol.in

Sr. No.

Job No. CC/SER/MD

SERVICE/COMPLAINT REPORT

CHARGEABLE

AMC

WARRANTY

REPORT NO :

BOLDLY TICK AS APPLICABLE

Customer Name & Address : T.F.S Faridkot
Contact person : Mono Yadav Contact Tel No. : 91520 32119

COMPLAINT RECEIVED : _____ ATTENDED BY : _____
DATE : 23/5/23 NATURE OF COMPLAINT : _____
NAME : Tony PRODUCT : Cool Room
MODEL : MCC1120
SR. NO. : 2023C 204

Check List/Readings	Air Temp.		DBT	WBT	Temperature	
	Grill Temp.	Room Temp.			Ambient	DBT
Voltage :- <u>415</u>					Condense outlet	<u>350</u>
Current :- <u>4</u>		<u>2</u>			Suction Pressure (psig)	<u>65</u>
			Discharge Pressure (psig)			

DESCRIPTION OF FAILURE
New installation TFS Faridkot (Domino) by Puff panell
Evaporator + outdoor machine 407R.

OBSERVATIONS/REPORT & ACTION

SUGGESTIONS TO CUSTOMER = [Signature]

CUSTOMER CONFIRMATION :
SERVICE COMPLETED ON ACKNOWLEDGE THAT THE SERVICE RENDERED
AS DESCRIBED ABOVE IS CARRIED OUT TO MY SATISFACTION ALSO AGREE THAT WHERE
THE WORK IS NOT UNDER WARRANTY/ANNUAL CONTRACT WILL SETTLE THE INVOICE
WITHIN 30 DAYS FOR ANY PENDING PAYMENT.

[Signature]
(CUSTOMER'S SIGNATURE WITH SEAL)

PARTS/MATERIALS USED				FOR OFFICE USE ONLY	
DESCRIPTION	QTY	REASON FOR FAILURE	DEFECT CODE	PART NO.	

TA/DA expenses claimed : Visit Charge : Cash Recd.

Prepared by : _____
Service Manager/Supr. Name
NOTE : INCASE OF REFRIGERANT LEAKAGE PLEASE INDICATE THE NO. OF LOCATION REFERING TO THE DIAGRAM BEHIND THIS SHEET.

[Signature]
Technician Signature