

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------|-------------|------------------|------------------|-----|------------|------------------|-------|--|--|--|--|--|-------|--|--|--|--|--|------|--|--|--|--|--|----------------|----------|-----------|------------|----------|-----------|
| Date: 25/03/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Prepared by: MINISH                                                                                                                                             |                               | Serial no. 2479                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Supplier name: Aisha Associates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                 |                               | HO inward no.                                                       |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Firm/Company: SLLP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Project: SLLP.                                                                                                                                                  |                               | HO received date                                                    |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| PO/WO date: 21/03/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | PO/WO No. 86591                                                                                                                                                 |                               | Scan ID.                                                            |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Sl no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Bill no.         | Bill date                                                                                                                                                       | Bill amount                   | Original attached                                                   |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 375              | 24/03/2022                                                                                                                                                      | 7,930/-                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                 |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                 |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                 |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Amount A – Bills total (Excluding Transport & Hamali Charges):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                 |                               | 7,930/-                                                             |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Proof of delivery by way of: <input type="checkbox"/> DCs/bill <input type="checkbox"/> Steel report <input type="checkbox"/> RMC pour report <input type="checkbox"/> Solid block report <input type="checkbox"/> Installation report                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| MRN nos.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 105304,          |                                                                                                                                                                 | Proof of delivery matches MRN | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Amount B – Other Credits : Transportation charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Amount C – Other Debits :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                 |                               | 7,930/-                                                             |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Amount E – PO / WO value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                 |                               | 7,930/-                                                             |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Amount F – Difference (A – E):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                 |                               | NIL                                                                 |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Quantity received as per PO / WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Part received |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Close PO / WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Payment – due date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | 04/04/2022                                                                                                                                                      |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Approved by</td> <td>Purchase Officer</td> <td>Purchase Manager</td> <td>M D</td> <td>Accountant</td> <td>Accounts Manager</td> </tr> <tr> <td>Name:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sign:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Approval limit</td> <td>Upto 20k</td> <td>Above 20k</td> <td>Above 100k</td> <td>Upto 20k</td> <td>Above 20k</td> </tr> </table> |                  |                                                                                                                                                                 |                               |                                                                     |                  | Approved by | Purchase Officer | Purchase Manager | M D | Accountant | Accounts Manager | Name: |  |  |  |  |  | Sign: |  |  |  |  |  | Date |  |  |  |  |  | Approval limit | Upto 20k | Above 20k | Above 100k | Upto 20k | Above 20k |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Purchase Officer | Purchase Manager                                                                                                                                                | M D                           | Accountant                                                          | Accounts Manager |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Sign:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                 |                               |                                                                     |                  |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |
| Approval limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Upto 20k         | Above 20k                                                                                                                                                       | Above 100k                    | Upto 20k                                                            | Above 20k        |             |                  |                  |     |            |                  |       |  |  |  |  |  |       |  |  |  |  |  |      |  |  |  |  |  |                |          |           |            |          |           |

Notes: 1. In case amount to be credited to supplier and the bills total does not match, accountants to prepare JV for debit or credit. 2. This set should only have 5 documents i.e., advice to credit to supplier, original bill, proof of delivery, original purchase order with barcode, original requisition. 3. Do not attach additional documents like weighment slips, RMC batch reports, duplicate documents, Eway bills, test reports, etc. 4. In Amount A, exclude transport, Hamali charges, etc., and instead include in Amount B. 5. This report must reach HO within one working day of approval by purchase officer/purchase manager.



## TAX INVOICE

**ANISHA ASSOCIATES**

AUTHORISED DISTRIBUTORS :

DR FIXIT, ROFF, MYK, FOSROC, POLYGLAZE CONSTRUCTION CHEMICALS  
No. 3-6-98, Vasavi Towers, West Marredpally Main Road, Secunderabad - 500 026.  
Tel : 040-48509804, Mob : 9246589804 E-mail : anishaassociates68@gmail.com

**GSTIN : 36ABTPV3594Q1Z8**

|                                          |                              |                         |
|------------------------------------------|------------------------------|-------------------------|
| Buyer/<br>To <u>M/s Summit Sales LLP</u> | No. <u>375</u>               | Date: <u>24/03/2022</u> |
| <u>Summit Housing LLP, Cheralapally</u>  | Your order No. <u>86591</u>  | Date: <u>21/03/2022</u> |
| <u>GSTNO: 36ACB015</u>                   | Our D.C. No. <u>319</u>      | Date: <u>24/03/2022</u> |
| <u>2044 C1Z7</u>                         | Documents Sent through _____ |                         |

| S.No.                                                                                                                                                                                                                                                                                                                                                                           | DESCRIPTION                      | Packing | Qty. | Unit Price | AMOUNT                                                                                                                                             |     |      |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------|------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|----|
|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |         |      |            | Rs.                                                                                                                                                | Ps. |      |    |
| 1)                                                                                                                                                                                                                                                                                                                                                                              | New Way<br>HSN code: 38245090    | 1kg     | 70   | 48.00      | 3360                                                                                                                                               | 00  |      |    |
| 2)                                                                                                                                                                                                                                                                                                                                                                              | lily white<br>HSN code: 38245090 | 1kg     | 70   | 48.00      | 3360                                                                                                                                               | 00  |      |    |
| <div><div><div>INWARD</div><div><div>Inward No: 17929</div><div>Di: 24/3/22</div></div><div><div>MRN No: 105304</div><div>Di: 25/3/22</div></div><div><div>Received By:</div><div>Sign: 9</div></div></div><div>SUMMIT SALES LLP</div></div> <div>Anisha Associates:<br/>Bank of Baroda,<br/>Ac.No : 12620200000171<br/>IFSC : BARB0MARRED.<br/>(Fifth character is Zero)</div> |                                  |         |      |            | <div><div><div>SUMMIT SALES LLP</div><div>INWARD</div><div>No: 92623</div><div>Date: 25/3</div><div>Sign: L</div><div>FOR. DIST.</div></div></div> |     |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |         |      |            | Total Taxable                                                                                                                                      |     | 6720 | 00 |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |         |      |            | CGST @ 9%                                                                                                                                          |     | 604  | 80 |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |         |      |            | SGTS @ 9%                                                                                                                                          |     | 604  | 80 |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |         |      |            | IGST @                                                                                                                                             |     | 1    |    |
|                                                                                                                                                                                                                                                                                                                                                                                 |                                  |         |      |            | TOTAL                                                                                                                                              |     | 7930 | 00 |

Rupees Seven Thousand Nine Hundred and Thirty Rupees only

Goods once sold will not be taken back or exchanged  
Subject to Hyderabad Jurisdiction.

For Anisha Associates

P. Sadarive



# Purchase Order

Page(s) 1 Of 1

21-03-2022 11:50:47



16.03.22 2:13:32

From Company : **Summit Sales LLP**  
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

Anisha Associates  
No.3-6-98, Vasavi Towers, Boosareddyguda, West Marredpally, Main Road, Secunderabad.

**GSTIN** 36ABTPV3594Q1Z8

NA

66209804

9246589804

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 86591      | 169584 |
| <b>Doc Date</b>   | 21-03-2022 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 21-03-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr. Kishan Raj**

Purchase Order for the Supply of following Items.

| Item Name                                                        | Qty    | Rate  | Dis% | GST   | Amount          |
|------------------------------------------------------------------|--------|-------|------|-------|-----------------|
| 1 3134 - Chemicals - Tile Grout - 1kg - pkts<br>Silk-70 White-70 | 140.00 | 48.00 | 0.00 | 18.00 | 7,929.60        |
| <b>Total Order Value . . .</b>                                   |        |       |      |       | <b>7,929.60</b> |

Rupees : Seven Thousand Nine Hundred Twenty Nine and Paise Sixty Only.

**Terms and Conditions :-****Specification / Brand** As per details given in the quotation.**Payment Terms** On complete delivery of all materials only.**Tax** Inclusive of all GST taxes**Delivery Date** Next Day.

**Delivery Location** Summit Housing LLP  
Cherlapally, Behind Kingston PG college, Hyderabad  
Phone. 9618244433, Hamendra

**Penalty For Delay** Nil**Transportation Cost** Extra.**Warranty** Nil**Advance Paid** Nil

**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for DG stack base plate grouting purpose.

**Completion Date** Nil**Measurment** Nil**Security** Nil

**Remarks** Original invoice + copy of proof of delivery is required to process invoice for payment . Do not send original invoice to site. Original invoices must be sent to HO office or purchase site office. Proof of delivery /DC can be sent by email.

For **Summit Sales LLP**

Authorised Signatory

Name :

21/03/2022

Name :

Accepted the above Terms And Conditions

For **Anisha Associates**

Date : \_/\_/

# Requisition Form

|                                |                  |         |            |
|--------------------------------|------------------|---------|------------|
| Company Name:                  | SUMMIT SALES LLP | Date:   | 17.03.2022 |
| Site & Phase :                 | SHLLP            | Time:   | 10:57      |
| Supplier                       |                  | Rcq.No. | 169584     |
| Material required before date: |                  | ID No.  | 74827      |

| No | Description       | Size   | Quantity | Units | Inward No | Date |
|----|-------------------|--------|----------|-------|-----------|------|
| 1  | Tile grout -Silk  | 1kg    | 70       | Kgs   |           |      |
| 2  | Tile grout -White | 1kg    | 70       | Kgs   |           |      |
| 3  | Hold fast         | 4"     | 50       | Kgs   |           |      |
| 4  | Measurement Tapes | 5meter | 30       | Nos   |           |      |

Remarks: For Stock Replenishing purpose.

|             |            |              |  |
|-------------|------------|--------------|--|
| Prepared By | Vanajakshi | Approved by  |  |
| Sign.& Date | 17.03.2022 | Sign. & Date |  |

**APPROVED BY**

17 MAR 2022

SCHAM MODI  
MANAGING DIRECTOR

Note: On receipt of material at site write inward number and date in last 2 columns.