

PURCHASE DIVISION
Advice for approval for credit to supplier

Date: 15/04/22		Prepared by: kavitha		Serial no. 3013	
Supplier name: Maa Sai Seatings				HO inward no.	
Firm/Company: MR6V		Project: MR6V		HO received date	
PO/WO date: 17/3/22		PO/WO No.: 86525		Scan ID.	
Sl no.	Bill no.	Bill date	Bill amount	Original attached	
1.	246	22/03/22	3,540/-	☒ Yes ☐ No	
2.				☐ Yes ☐ No	
3.			/	☐ Yes ☐ No	
4.				☐ Yes ☐ No	
Amount A – Bills total (Excluding Transport & Hamali Charges):				3,540/-	
Proof of delivery by way of: ☐ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report					
MRN nos.:	105591		Proof of delivery matches MRN	☒ Yes ☐ No	
Amount B –Other Credits : Transportation charges				-	
Amount C –Other Debits :				-	
Amount D (D=A+B-C) – Amount to be credited to the supplier:				3,540/-	
Amount E – PO / WO value:				3,540/-	
Amount F – Difference (A – E):				-	
Quantity received as per PO / WO		☒ Yes ☐ Excess received ☐ Short received ☐ Part received			
Close PO / WO		☒ Yes ☐ No wait for balance material ☐ Other			
Payment – due date		18/04/22			
Remarks:					
Approved by	Purchase Officer	Purchase Manager	M D	Accountant	Accounts Manager
Name:	Kavitha				
Sign:	15/4/22				
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

MAA SAI SEATINGS 5th FLOOR, 5-5-33, PLOT NO. 105 TO 113/1 RK'S ELITE, MYTHRINAGAR ALLWYN COLONY KUKATPALLY, HYDERABAD PH. NO. 9246243243, 9246366366 GSTIN/UIN: 36AJZPK4074G1ZO State Name : Telangana, Code : 36 E-Mail : maasaiseatings@gmail.com Buyer (Bill to) MODI REALITY GENOME VALLEY LLP 5-4-187/3&4, IIInd FLOOR, M.G. ROAD, SECUNDERABAD. DELIVERY AT : BLOOMDALE RESIDENCY AT GENOME VALLEY MURHARIPALLI, SERVEY NO-31&32. GSTIN/UIN : 36ABFFM3063P1ZU State Name : Telangana, Code : 36	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Invoice No. 246</td> <td style="width: 50%;">Dated 22-Mar-22</td> </tr> <tr> <td>Delivery Note</td> <td>Mode/Terms of Payment</td> </tr> <tr> <td>Reference No. & Date.</td> <td>Other References K.V.CHANDRAEKHAR</td> </tr> <tr> <td>Buyer's Order No. 86525/95092</td> <td>Dated 17-Mar-22</td> </tr> <tr> <td>Dispatch Doc No.</td> <td>Delivery Note Date</td> </tr> <tr> <td>Dispatched through</td> <td>Destination</td> </tr> <tr> <td colspan="2">Terms of Delivery</td> </tr> </table>	Invoice No. 246	Dated 22-Mar-22	Delivery Note	Mode/Terms of Payment	Reference No. & Date.	Other References K.V.CHANDRAEKHAR	Buyer's Order No. 86525/95092	Dated 17-Mar-22	Dispatch Doc No.	Delivery Note Date	Dispatched through	Destination	Terms of Delivery	
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SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	NET VISITOR CHAIR	9403	1 nos	3,000.00	nos	3,000.00
	CGST-9%					270.00
	SGST 9%					270.00
Total			1 nos			₹ 3,540.00



Amount Chargeable (in words) E. & O.E
INR Three Thousand Five Hundred Forty Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
9403	3,000.00	9%	270.00	9%	270.00	540.00
Total	3,000.00		270.00		270.00	540.00

Tax Amount (in words) : **INR Five Hundred Forty Only**

Company's PAN : **AJZPK4074G**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details

Bank Name : **ICICI BANK**
 A/c No. : **631205501075**

Branch & IFS Code: **KUKATPALLY & ICIC0006312**

for MAA SAI SEATINGS

(Signature)
 Authorised Signatory

This is a Computer Generated Invoice

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Advice for approval for credit to supplier

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(TRIPLICATE FOR SUPPLIER)

[illegible]

E. & O.E

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for **MAA SAI SEATINGS**

 Authorised Signatory

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Purchase Order

Page(s) 1 Of 1

17-03-2022 16:23:22



86525

16.03.22 2:13:31

From Company : **Modi Realty Genome Valley LLP**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36ABFFM3063P1ZU

Supplier Details

Maa Sai Seatings
5-5-33, F 505,RKs Elite, Vignanpuri Colony, Kukatpally, Hyderabad - 72.

GSTIN 36AJZPK4074G1ZO

9246243243

Doc No	86525	95092
Doc Date	17-03-2022	
Quote No	Nil	
Quote Date	30-06-2021	
SupplyType	Supply	

Kind Attn : K.V. Chandra Sekhar

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 5502 - Furniture - Chairs - NA - nos without casters	1.00	3,000.00	0.00	18.00	3,540.00
Total Order Value . . .					3,540.00

Rupees : Three Thousand Five Hundred Fourty Only.

Terms and Conditions :-

Specification / Brand Brand as standard rate approved by MD dt. 30-06-2021.

Payment Terms After Delivery & Production of bill

Tax All taxes included in above price.

Delivery Date Within 2days.

Delivery Location Bloomdale Residency at Genome Valley
Murharipalli,servey no-31& 32
Phone. Madhu Site Engineer - 9502211499

Penalty For Delay Nil

Transportation Cost Included in above price.

Warranty One year

Advance Paid Nil

Other Terms We reserve the right to reject items not conforming to quality and specifications, Above order is for BRGV security kiosk purpose.

Completion Date Work shall be completed within 5days from the date of the work order.

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 **Modi Realty Genome Valley LLP**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Maa Sai Seatings**

Name : _____

Date : __/__/__

Requisition Form

Company Name:	MRGV	Date:	16-03-2022
Site & Phase	BRGV	Time:	10:30AM
Supplier		Req. No.	95092
Material required before date:	18-03-2022	ID No.	74731

No	Description	Size	Quantity	Units	Inward No	Date
1	Chair without caster		01	No's		
2						
3						
4						
5						
6						
7						
8						

Remarks: Towards BRGV Security kiosk purpose

Prepared By	Pushpaiatha	Approved by	
Sign. & Date	16-03-22	Sign. & Date	

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

Signature
16-03-22



(ORIGINAL FOR RECIPIENT)

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