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PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	26/5/22	Prepared by	prakash	Serial no.	4417
Supplier name	Abdel Aziz			HO inward no.	
Firm/Company	MRGV	Project	MRGV	HO received date	
PO/WO date	82090	PO/WO No.	8/5/22	Scan ID.	
Sl no.	Bill no.	Bill date	Bill amount	Original attached	
1.	029	8/5/22	\$1,60,771.90	☐ Yes ☐ No	
2.				☐ Yes ☐ No	
3.				☐ Yes ☐ No	
4.				☐ Yes ☐ No	
Amount A – Bills total (Excluding Transport & Hamali Charges):				1,60,771.90	
Proof of delivery by way of ☒ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report					
MRN nos.:				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:				1,60,771.90	
Amount E – PO / WO value:				1,36,247.00	
Amount F – Difference (A – E):				24,524.90	
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		31/5/22			
Remarks: NOC taken, Estimate & Memoised sheet attached!					
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.

ABDUL AZIZ

TAX INVOICE CASH / CREDIT

Cell : 9908194281

9182242690

ABDUL AZIZ

Supplier & Contractors

Spl. in : Plaster of Paris, False Ceiling, Gypsum Board, Partition Works,
Thermacol Ceiling, Armstrong, Border, Flower & All Types of Ceiling Works.

14-1-96/3/B, Allapur, Borabanda, Hyderabad - 500 018. Email : rkdecorators@gmail.com

Seller GST No.: 36AYAPA9482A2ZQ

Pan No. AYAPA9482A

Mode of Transport :

Product Reference No.

State : Telangana, State Code : 36

Invoice No. : 024

Invoice Date :

Date of Supply : 08/03/2022

PO No. & Date : 82090

Details of Receiver / Billed to :

Name : Modi Realty Genome valley 4P

Address :

Buyer GSTIN: 36ABFFM3063 P1Z11

State: Telangana Code: 36

Details of Delivery Address :

Name :

Address :

Buyer GSTIN:

State: Code:

S.No.	NAME OF THE PRODUCT	HSN Code	Qty.	Unit Price	Taxable Value
1	1st floor club house	998391	3291	41.10	1,36,247.4



Total Invoice Amount : (Inwords) One Lakh Sixty
thousand Seven hundred seventy
one only

Total Amount Before Tax 1,36,247.4

Add CGST @ 9% 12,262.2

Add SGST @ 9% 12,262.2

Add IGST @ %

Total Amount GST 24,524.5

Total Amount After Tax 1,60,771.9

GST Payable on Reverse Charge

Goods once sold will not be taken back.
Our responsibility ceases once delivery made.

For **ABDUL AZIZ**

ABOLATZ

to the Commission

Solely for the purpose of the sale of goods and services

The Commission shall determine the value of the goods and services sold and the amount of the tax thereon.

Seller's Name: ABOLATZ	State: Tennessee
Product: Goods and Services	Mode of Transport: Road
State of Residence: Tennessee	Details of Residence: Nashville, TN
General Office: Nashville, TN	State of Business: Tennessee

NAME OF THE SELLER: ABOLATZ	NAME OF THE BUYER: [Blank]
Address: Nashville, TN	Address: [Blank]
City: Nashville	City: [Blank]
State: Tennessee	State: [Blank]
Zip: 37203	Zip: [Blank]
Phone: [Blank]	Phone: [Blank]
Fax: [Blank]	Fax: [Blank]
E-mail: [Blank]	E-mail: [Blank]
Website: [Blank]	Website: [Blank]
Business Type: [Blank]	Business Type: [Blank]
Industry: [Blank]	Industry: [Blank]
Product Line: [Blank]	Product Line: [Blank]
Service Line: [Blank]	Service Line: [Blank]
Other: [Blank]	Other: [Blank]



Invoice Number: [Blank]	Invoice Date: [Blank]
Invoice Amount: [Blank]	Invoice Due Date: [Blank]
Payment Method: [Blank]	Payment Status: [Blank]
Account Number: [Blank]	Account Name: [Blank]
Address: [Blank]	City: [Blank]
State: [Blank]	Zip: [Blank]
Phone: [Blank]	Fax: [Blank]
E-mail: [Blank]	Website: [Blank]
Business Type: [Blank]	Business Type: [Blank]
Industry: [Blank]	Industry: [Blank]
Product Line: [Blank]	Product Line: [Blank]
Service Line: [Blank]	Service Line: [Blank]
Other: [Blank]	Other: [Blank]

ABOLATZ

Sl. No. - site bills register	43	Date - site bills Register	19/12/22
Company Name	MRGV	Site	B2GV
Name of Contractor	Abdul Aziz Arseni		
Nature of work	false Celling work		
Work done	From Date	To Date	
	21/12/22	21/12/22	

Sl. No.	Villa/Flat/block no.	Qty.	Rate	Units	Amount	Contractor bill no
1.	9th floor Celling work					
2.	false Celling work					
3.	Ceiling Room	1293	41.40	sq	53530.4	
4.	Cybernetics 1/111	660	41.40	sq	27324.0	
5.	Bedroom	1338	41.40	sq	55393.0	
6.						
7.						
8.						
9.						
10.						
11.	Total				1,36247.4	

Bill required	☒ YES ☐ NO	GST bill required	☐ YES ☐ NO
Measurement & estimate sheet	☐ Required ☐ Not required	Measurement & estimate sheet	☒ Enclosed ☐ Not enclosed
PO/WO no.		PO/WO date:	

Remarks :

Approved by Project Manager	Approved by Design Team	Approved by M.D.
Date: 19/12/22	Date:	Date:
Sign: [Signature]	Sign:	Sign:

Notes: 1. This advice must be sent within 7 days of completing work. 2. This form can be used for certifying labour bills, bill for hire charges, earth work, turnkey civil contractors. 3. Whenever not applicable - fill NA. 4. Estimate and measurement sheet are not required for turnkey jobs where the quoted rates are clearly given.

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