

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                        |          |                  |            |                                                                                                                                                                 |             |                               |                                                                     |                                                                     |  |                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--|------------------|--|
| Date:                                                                                                                                                                                                                                  |          | 14/06/2022       |            | Prepared by                                                                                                                                                     | M MINISH    |                               | Serial no.                                                          | 5161                                                                |  |                  |  |
| Supplier name                                                                                                                                                                                                                          |          | S.R. Ligats      |            |                                                                                                                                                                 |             | HO inward no.                 |                                                                     |                                                                     |  |                  |  |
| Firm/Company                                                                                                                                                                                                                           |          | SSLP.            |            | Project                                                                                                                                                         | SSLP.       |                               | HO received date                                                    |                                                                     |  |                  |  |
| PO/WO date                                                                                                                                                                                                                             |          | 09/06/2022       |            | PO/WO No.                                                                                                                                                       | 89096       |                               | Scan ID.                                                            |                                                                     |  |                  |  |
| Sl no.                                                                                                                                                                                                                                 | Bill no. |                  | Bill date  |                                                                                                                                                                 | Bill amount |                               | Original attached                                                   |                                                                     |  |                  |  |
| 1.                                                                                                                                                                                                                                     | 3603.    |                  | 11/06/2022 |                                                                                                                                                                 | 31,270/-    |                               | <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):                                                                                                                                                                         |          |                  |            |                                                                                                                                                                 | 31,270/-    |                               |                                                                     |                                                                     |  |                  |  |
| 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.:                                                                                                                                                                                                                              |          | 108425           |            |                                                                                                                                                                 |             | 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:                                                                                                                                                                            |          |                  |            |                                                                                                                                                                 |             |                               | 31,270/-                                                            |                                                                     |  |                  |  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |          |                  |            |                                                                                                                                                                 |             |                               | 31,270/-                                                            |                                                                     |  |                  |  |
| 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                                                                                                                                                                                                                     |          |                  |            | 20/06/2022                                                                                                                                                      |             |                               |                                                                     |                                                                     |  |                  |  |
| Remarks:                                                                                                                                                                                                                               |          |                  |            |                                                                                                                                                                 |             |                               |                                                                     |                                                                     |  |                  |  |
|                                                                                                                                                                                                                                        |          |                  |            |                                                                                                                                                                 |             |                               |                                                                     |                                                                     |  |                  |  |
| 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 weightment 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.



S. No. 3603

Date : 11 06 2022

Purchaser R.C. No. / GST No.

36 A C O F S 2 0 4 4 C I 2 7

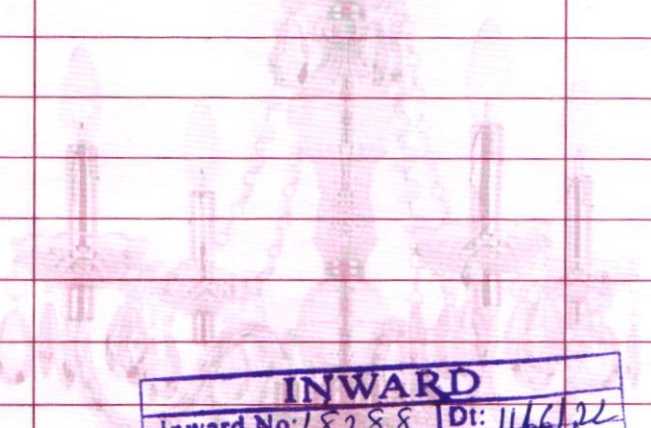
# S.R. LIGHTS

846/4-3-2, R.P. ROAD, SECUNDERABAD - 3.  
Ph : 040-8886663135, e-mail : srlights@gmail.com

M.S. SUMMIT Sales LLP (89096 169872)

RR/GR No.....Date.....Goods through.....Freight.....Weight.....

| S. No. | PARTICULARS           | HSN Code | QTY. | RATE | AMOUNT<br>Rs. | Ps. |
|--------|-----------------------|----------|------|------|---------------|-----|
| ①      | Gate Lamp ✓           | 9405     | 20 ✓ | 650  | 13000         | —   |
| ②      | Hall lighting light ✓ | 9405     | 20 ✓ | 675  | 13500         | —   |



**INWARD**

|                                                                                                  |                                                                                           |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Inward No: 18288                                                                                 | DI: 11/6/22                                                                               |
| MRN No: 108425                                                                                   | DI: 13/6/22                                                                               |
| Received By:  | Sign:  |

**SUMMIT SALES LLP**



24264748

### Rupees in words

Rupees in words : Thirty one thousand  
Two hundred seventy only

### Bank Details

**YES BANK**

A/c No. 041361900000335

IFS Code : YESB0000413

**S.R. LIGHTS**  
846, 4-3-2, R.P. ROAD,  
Secunderabad Branch  
**SECUNDERABAD-500 003.**

Sale Against Central From C / D / H / F

Total

26500-50

CGST 9 %

2385-00

SGST 9%

2385-80

| IGST | % |
|------|---|
|------|---|

Grand Total

3,270 - 00

1. Goods once sold will not be taken back.
2. After despatch we are not responsible goods
3. Subject to T.S. Jurisdiction only.
4. Interest will be charged 24% if the payment will not made within 30 days

**For S.R. Lights**



# Purchase Order

Page(s) Of 1

10-06-2022 11:38:03 AM

89096  
07.06.22 12:13:53

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

**Supplier Details**

S.R.Lights  
846/4-3-2, RP Road, Secunderabad-3

**GSTIN** 36AHMPR9714P1ZB  
64594769

900008544/9246370769

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 89096      | 169872 |
| <b>Doc Date</b>   | 09-06-2022 |        |
| <b>Quote No</b>   | NIL        |        |
| <b>Quote Date</b> | 09-06-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr.Seva Ram**

Purchase Order for the Supply of following Items.

| Item Name                                                              | Qty   | Rate   | Dis% | GST   | Amount           |
|------------------------------------------------------------------------|-------|--------|------|-------|------------------|
| 1 4581 - Electrical - other - Gate lamp - NA - nos                     | 20.00 | 650.00 | 0.00 | 18.00 | 15,340.00        |
| 2 4745 - Electrical - other - Wall Hanging Light - NA - nos<br>Type- 3 | 20.00 | 675.00 | 0.00 | 18.00 | 15,930.00        |
| <b>Total Order Value . . .</b>                                         |       |        |      |       | <b>31,270.00</b> |

Rupees : Thirty One Thousand Two Hundred Seventy Only.

**Terms and Conditions :-**

**Specification /** As per details given in the quotation.

**Payment Terms** After Delivery & Production of bill

**Tax** Inclusive of all taxes

**Delivery Date** Within 7 days

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

**Penalty For Delay** Nil

**Transportation** Transport cost shall be borne by us.

**Warranty** Nil

**Advance Paid** Nil

**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for Stock purpose

**Completion Date** Nil

**Measurment** Nil

**Security** Nil

**Remarks**

For **Summit Sales LLP**

Authorised Signatory

Name : \_\_\_\_\_

Accepted the above Terms And Conditions

For **S.R.Lights**

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_



### Requisition Form

|                                |                       |            |        |              |        |                                                                                                                                                                                          |      |
|--------------------------------|-----------------------|------------|--------|--------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Company Name:                  |                       | SSLLP      |        | Date:        |        | 06.06.2022                                                                                                                                                                               |      |
| Site & Phase :                 |                       | SHLLP      |        | Time:        |        | 10:57                                                                                                                                                                                    |      |
| Supplier                       |                       |            |        | Req.No.      |        | 169872                                                                                                                                                                                   |      |
| Material required before date: |                       |            |        |              | ID No. |                                                                                                                                                                                          | 7741 |
| N<br>o                         | Description           |            | Size   | Quantity     | Units  | Inward<br>No                                                                                                                                                                             | Date |
| 1.                             | Gate light            |            | Square | 20           | Nos    | 89096                                                                                                                                                                                    |      |
| 2.                             | Light above main door |            | Type-3 | 20           | Nos    |                                                                                                                                                                                          |      |
| Prepared By                    |                       | Vanajakshi |        | Approved by  |        | <div style="border: 2px solid blue; padding: 5px; text-align: center;"> <b>APPROVED BY</b><br/><br/> <b>08 JUN 2022</b><br/><br/> <b>SOHAM MODI</b><br/> <b>MANAGING DIRECTOR</b> </div> |      |
| Sign. & Date                   |                       | 06.06.2022 |        | Sign. & Date |        |                                                                                                                                                                                          |      |

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

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