

PURCHASE DIVISION
Advice for approval for credit to supplier



Date: 28/07/22		Prepared by: Prashakar		Serial no. 6542	
Supplier name: Elegand Enterprises				HO inward no.	
Firm/Company: GORE		Project: Impeles		HO received date	
PO/WO date: 87343		PO/WO No. 12-4-22		Scan ID.	

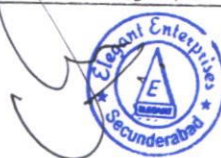
Sl no.	Bill no.	Bill date	Bill amount	Original attached
1.	EE2223-0028	20/4/22	28,763.00	☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

Amount A – Bills total (Excluding Transport & Hamali Charges):			28,763.00
Proof of delivery by way of: ☒ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report			
MRN nos.: 106225	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:			28,763.00
Amount E – PO / WO value:			28,763.00
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		25/7	
Remarks:			

Approved by	Purchase Officer	Purchase Manager	M D	Accountant	Accounts Manager
Name:					
Sign:					
Date		23 JUN 2022			
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.

8243

[illegible]



Form for closure of purchase order

Bill not received.

Data required from site/engineers:					
PO no.:	87343	PO date:	12/4/22	Req. no.:	164814
MRN nos. related to PO			Advice Scan ID		
☐	Part material received.				
☒	Full material received.				
☐	Material not received.				
☐	Close PO - Balance material will be re-ordered by new requisition.				
☐	Cancel PO. Material not required.				
☐	Cancel PO. Material will be re-ordered by new requisition.				
☐	Keep PO open. Material required.				
☐	Keep PO open. Work under progress.				
Remarks by engineer: Full material received.					
Notes: 1. Provide details of material received by way of separate attachment. 2. Provide hardcopy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be sent by way of hard copy to Ashaiya.					
Prepared by	Sign	Date	Project manager	Sign	Date
Sidewi	GS	29/6/22	Mallu	Mallu	29/6/22
Data required from accounts:					
☐	Checked with E&D for receipt of bills.				
☒	Bills not received against this PO.				
☐	Part bill received against this PO.		Bill nos.		
☐	All bills received against this PO.				
☐	Advance paid against this PO.		Amount paid		
Remarks by Accountants: Bill not received.					
Notes: 1. Pos issued for false ceiling and such works may have been processed by E&D. Check before filling the above.					
Prepared by	Sign	Date	Accounts manager (approval required for PO more than 10k)	Sign	Date
Ashwini		6-7-22			
Advice by MD - action to be taken by purchase:					
☐	Get certified bill from supplier (not original).				
☐	Prepare bill in SSLP for material supplied.				
☐	Get proof of delivery from site.				
☒	Barcoded PO missing - get certified copy from Accounts.				
☒	Thereafter, prepare advice to credit to supplier and send to HO for processing.				
☐	Close PO	☐	Keep PO open. Material awaited		
☐	Send barcoded PO to MDs desk. PO to be closed thereafter.				
☐	Accounts to be reconciled with supplier. Suppliers ledger required from 1.4.2021.				
☐	Accounts to be reconciled with supplier. Suppliers ledger required from 1.4.2020.				
☐	RMC supplier - suppliers ledger required from 1.4.2020. Process bill after thoroughly checking both the ledgers and all pour reports. Pour reports from day one to be thoroughly checked with Pos/Bills. Thereafter, prepare advice to credit to supplier and send to HO for processing. Close all open POs.				
☐	E&D to check receipt of bill and enter comments below.				
☐	Details of material supplied and balance material to be supplied is required.				
Remarks:					
Prepared by					
Sign					



Purchase Order

Original / Office Copy / Purchase Div.Copy

Page(s) 1 Of 1

29-06-2022 13:36:27

From Company : **G V Reserch Centers Pvt Ltd**
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500003
G S T No. : 36AAHCG4562D1ZP

Supplier Details

Elegant Enterprises
5-4-187/7/3, Karbala Maidan, M.G.Road, Secunderbad-500003.

GSTIN 36AJBPK0412E1ZY
66385358

9985113450/9885073880

Doc No	87343	164814
Doc Date	12-04-2022	
Quote No	NIL	
Quote Date	07-04-2022	
SupplyType	Supply	

Kind Attn : Mr.Gaurang Kadakia/Mahesh Kadakia

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 4800 - Electrical - other - Cable Tray - NA - nos 100 x 50mm x 1.5mm cable tray without cover	75.00	325.00	0.00	18.00	28,762.50
Total Order Value . . .					28,762.50

Rupees : Twenty Eight Thousand Seven Hundred Sixty Two and Paise Fifty Only.

Terms and Conditions :-

Specification / Brand	As per details given in the quotation.
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Next Day.
Delivery Location	Innopolis Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana Phone. Nagamani(Engineer) - 7981951035
Penalty For Delay	Nil
Transportation Cost	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 AMF Cable arranging purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For **G V Reserch Centers Pvt Ltd**
Authorised Signatory

Accepted the above Terms And Conditions
For **Elegant Enterprises**

Name : _____

Name : _____

Date : __/__/__

Company: G.V. Research Corporation
Address: 1000 North 1st Street
City: St. Paul, Minnesota 55101

Subject: [Illegible]

Date: [Illegible]

Re: [Illegible]

ESTIMATED COSTS

[Illegible]

Kind of work: [Illegible]

Location: [Illegible]

Time: [Illegible]

Personnel: [Illegible]

Equipment: [Illegible]

Supplies: [Illegible]

Travel: [Illegible]

Special Services: [Illegible]

Expenses: [Illegible]

Tax: [Illegible]

Delivery: [Illegible]

Insurance: [Illegible]

Other: [Illegible]

Subtotal: [Illegible]

Grand Total: [Illegible]

Remarks: [Illegible]

Prepared by: [Illegible]

Checked by: [Illegible]

Approved by: [Illegible]

Date: [Illegible]

Signature: [Illegible]

Title: [Illegible]

Company: [Illegible]

[illegible]

8978