

PURCHASE DIVISION
Advice for approval for credit to supplier

7372

Date: 19/8/22		Prepared by: Moni		Serial no. 2602	
Supplier name: prabul samal				HO inward no.	
Firm/Company: MRL Ltd		Project: WCH		HO received date	
PO/WO date: 9/8/22		PO/WO No. 90839		Scan ID.	

Sl no.	Bill no.	Bill date	Bill amount	Original attached
1.	PS/22-23/425	11/8/22	1,652/-	☒ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

Amount A – Bills total (Excluding Transport & Hamali Charges): 1,652/-

Proof of delivery by way of: ☒ DCS/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report

MRN nos.: 110677	Proof of delivery matches MRN ☒ Yes ☐ No
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Amount B – Other Credits : Transportation charges

Amount C – Other Debits :

Amount D (D=A+B-C) – Amount to be credited to the supplier: 1652/-

Amount E – PO / WO value: 1652/-

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: 22/8/22

Remarks:

Approved by	Purchase Officer	Purchase Manager	M D	Accountant	Accounts Manager
Name:	Moni				
Sign:	Moni				
Date:	19/8/22				
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.

STET

1585

GST INVOICE

(ORIGINAL FOR RECIPIENT)

PRAFUL SANITARY

3-6-429/6, SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

Buyer (Bill to)

Modi Reality Pocharam LLP

5-4-183/3&4, IIInd Floor
Soham Mansion, M G Road
Secunderabad.
GSTIN/UIN : 36ABIFM1836H1Z7
State Name : Telangana, Code : 36

Invoice No. PS/22-23/ 425	Dated 11-Aug-22
Delivery Note Invoice	
Reference No. & Date.	Other References Credit
Buyer's Order No. 90839	Dated 10-Aug-22
Dispatch Doc No. Invoice	Delivery Note Date 11-Aug-22
Dispatched through Self	Destination Pocharam

SI No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	50x100mm G I Nipple	7307	18 %	20 No:	100.00	No:	30 %	1,400.00
	Output CGST							126.00
	Output SGST							126.00
Total				20 No:				₹ 1,652.00



Amount Chargeable (in words)

Indian Rupees One Thousand Six Hundred Fifty Two Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
7307	1,400.00	9%	126.00	9%	126.00	252.00
99		9%		9%		
99		14%		14%		
Total	1,400.00		126.00		126.00	252.00

Tax Amount (in words) : **Indian Rupees Two Hundred Fifty Two Only**Company's PAN : **ACWPG4864A**

Declaration

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

for PRAFUL SANITARY

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice





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GST INVOICE

(DUPLICATE FOR TRANSPORTER)

PRAFUL SANITARY

3-6-429/6, SRI SAI TOWER,
St No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

Buyer (Bill to)

Modi Reality Pocharam LLP

5-4-183/3&4, IInd Floor
Soham Mansion, M G Road
Secunderabad
GSTIN/UIN : 36ABIFM1836H1Z7
State Name : Telangana, Code : 36

Invoice No.

PS/22-23/ 425

Dated

11-Aug-22

Delivery Note

Invoice

Reference No. & Date.

Other References

Credit

Buyer's Order No.

90839

Dated

10-Aug-22

Dispatch Doc No.

Invoice

Delivery Note Date

11-Aug-22

Dispatched through

Self

Destination

Pocharam

Sl No	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc %	Amount
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Company's PAN : ACWPG4864A

Declaration

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for PRAFUL SANITARY

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

INWARD	
Inward No: 11586	Dt: 11/08/22
MRN No: 110677	Dt: 12/08/22
Received By: <i>Bhobh</i>	Sign: <i>[Signature]</i>
NILGIRI HEIGHTS	



Purchase Order

Page(s) 1 Of 1

09-08-2022 4:25:05 PM



90839

29.07.22 12:09:36

From Company : **Modi Realty Pocharam LLP**
5-4-183/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad
G S T No. : 36ABIFM1836H1Z7

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG

40077300

65526886.

9849624797

Doc No	90839	182097
Doc Date	09-08-2022	
Quote No	NIL	
Quote Date	06-08-2022	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 737900 - PLUM-Plumbing - GI Nipple--HB - 50X100mm - Nos	20.00	100.00	30.00	18.00	1,652.00
Total Order Value . . .					1,652.00

Rupees : One Thousand Six Hundred Fifty Two Only.

Terms and Conditions :-

Specification / As per details given in the quotation.

Payment Terms After delivery of all materials & production of bill.

Tax All taxes included in above price.

Delivery Date Within 2days.

Delivery Location Nilgiri Heights
pocharam
Phone. 9849497484

Penalty For Delay Nil

Transportation Transport cost shall be borne by us.

Warranty 5yrs on Sl.no.1,2

Advance Paid Nil

Other Terms We reserve the right to reject items not conforming to quality and specifications. Above order for labour quarters and site use 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 **Modi Realty Pocharam LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**Name : 

Name : _____

Date : __/__/__

Requisition Form		Date:		06.08.2022	
Company Name:		MRPLLP			
Site & Phase:		NGH			
Flat/Block no.					
Supplier:		Req. No.		182097	
Material required before date:		10-08-2022		78700	
S No	Item	Qty required	Qty available at site	Order Qty	Inward No
1	PLUM44794-Plumbing-CPVC-Ball valve---32MM4-Nos	5	0	5	
2	PLUM5723-Plumbing-CPVC-Reducing Tee---32X20MM4-Nos	10	0	10	
3	PLUM1572-Plumbing-CPVC-Couplings---32MM4-Nos	10	0	10	
4	PLUM7176-Plumbing-CPVC-End cap---32MM4-Nos	10	0	10	
5	PLUM5396-Plumbing-CPVC-Coupling---25MM4-Nos	10	0	10	
6	PLUM4657-Plumbing-CPVC-Reducer tee---25x20MM4-Nos	10	0	10	
7	PLUM5524-Plumbing-CPVC-Reducer Coupler---32X25MM4-Nos	10	0	10	
8	PLUM7774-Plumbing-CPVC-Elbow---25MM4-Nos	10	0	10	
9	PLUM49123-Plumbing-CPVC-FABT---20x15MM4-Nos	10	0	10	
10	PLUM7379-Plumbing-GI Nipple-HB-50X100MM4-Nos	20	0	20	
11	PLUM7426-Plumbing-CPVC-Ball valve---15MM4-Nos	20	0	20	
12	GENE3886-General Items-Teflon tapes----Nos	50	0	50	
13	PLUM2599-Plumbing-CPVC-Solution---500gms-Nos	6	0	6	
Remarks: For labour quarters and site use purpose					
Engineer		Project Manager		MD	
Prepared By: Swetha.B		Vijay raj		APPROVED	
Approved By:				08 AUG 2022	
Sign & Date:				P. PRADHANAR ST. MANAGER PURCHASE	

