

PURCHASE DIVISION  
Advice for approval for credit to supplier

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Date: 10/09/22		Prepared by: Nanajathi		Serial no. 8136	
Supplier name: Pratul Sanitary				HO inward no.	
Firm/Company: SURE		Project: Innopolis		HO received date	
PO/WO date: 19/8/22		PO/WO No. 91114		Scan ID.	
Sl no.	Bill no.	Bill date	Bill amount	Original attached	
1.	PS/22-23/458	19/8/22	3,429/-	<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):				3,429/-	
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.: 110884		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:				3,429/-	
Amount E – PO / WO value:				3,429/-	
Amount F -- Difference (A – E):				3,429/-	
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		19/09/22			
Remarks:					
Approved by	Purchase Officer	Purchase Manager	M D	Accountant	Accounts Manager
Name:	Nanajathi				
Sign:	[Signature]				
Date	10/09/22				
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.

GST INVOICE

(ORIGINAL FOR RECIPIENT)

<b>PRAFUL SANITARY</b> 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) <b>GV Research Centers Private Limited</b> 5-4-187/3&4, IInd Floor Soham Mansion, M G Road Secunderabad GSTIN/UIN : 36AAHCG4562D1ZP State Name : Telangana, Code : 36	Invoice No.	Dated
	<b>PS/22-23/ 458</b>	<b>19-Aug-22</b>
	Delivery Note	
	<b>Invoice</b>	
	Reference No. & Date.	Other References
		<b>Credit</b>
Buyer's Order No.	Dated	
<b>91114</b>	<b>19-Aug-22</b>	
Dispatch Doc No.	Delivery Note Date	
<b>Invoice</b>	<b>19-Aug-22</b>	
Dispatched through	Destination	
<b>Self</b>	<b>Turkapally</b>	

SI No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount	
1	<b>40mm Cpvc Bend</b>	3917	18 %	<b>12 No:</b>	372.50	No:	35 %	<b>2,905.50</b>	
	<i>Output CGST</i>							<b>261.50</b>	
	<i>Output SGST</i>							<b>261.50</b>	
	<i>ROUNDING OFF</i>							<b>0.50</b>	
<b>Total</b>								<b>12 No:</b>	<b>₹ 3,429.00</b>



Amount Chargeable (in words) E. & O.E

**Indian Rupees Three Thousand Four Hundred Twenty Nine Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
3917	2,905.50	9%	261.50	9%	261.50	523.00
99		9%		9%		
99		14%		14%		
<b>Total</b>	<b>2,905.50</b>		<b>261.50</b>		<b>261.50</b>	<b>523.00</b>

Tax Amount (in words) : **Indian Rupees Five Hundred Twenty Three 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



# Purchase Order

Page(s) 1 Of 1

19-08-2022 11:55:27 AM



17.08.22 12:41:54

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

**Supplier Details**

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

<b>Doc No</b>	91114	206184
<b>Doc Date</b>	18-08-2022	
<b>Quote No</b>	NIL	
<b>Quote Date</b>	18-08-2022	
<b>SupplyType</b>	Supply	

**GSTIN** 36ACWPG864A1ZG 40077300  
65526886. 9849624797

**Kind Attn : Mr. Ashish Gupta**

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 746600 - PLUM-Plumbing - CPVC-Long bend- - 40MM - Nos	12.00	372.50	35.00	18.00	3,428.49
<b>Total Order Value . . .</b>					<b>3,428.49</b>

Rupees : Three Thousand Four Hundred Twenty Eight and Paise Fourty Nine Only.

**Terms and Conditions :-**

**Specification /** All items shall be of Sudhkar brand/company

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

**Tax** all taxes in above price

**Delivery Date** Next day

**Delivery Location** Innopolis  
Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana  
Phone. Nagamani(Engineer) - 7981951035

**Penalty For Delay** Nil

**Transportation** Included in the above price

**Warranty** Nil

**Advance Paid** Nil

**Other Terms** we reserve the right to reject items not conforming to quality and specifications.above order for 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 invoice must be sent to HO office or purchase site office.proof of delivery /DC can be seny by email.

For **G V Reserch Centers Pvt Ltd**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

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

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

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



**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

Invoice No. <b>PS/22-23/ 458</b>	Dated <b>19-Aug-22</b>
Delivery Note <b>Invoice</b>	
Reference No. & Date.	Other References <b>Credit</b>
Buyer's Order No <b>91114</b>	Dated <b>19-Aug-22</b>
Dispatch Doc No <b>Invoice</b>	Delivery Note Date <b>19-Aug-22</b>
Dispatched through <b>Self</b>	Destination <b>Turkapally</b>

Buyer (Bill to)  
**GV Research Centers Private Limited**  
 5-4-187/3&4, IInd Floor  
 Soham Mansion, M G Road  
 Secunderabad  
 GSTIN/UIN : 36AAHCG4562D1ZP  
 State Name : Telangana, Code : 36

SI No	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc %	Amount
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								261.50
								261.50
								0.50

Output CGST  
 Output SGST  
 ROUNDING OFF

Amount Chargeable (in words) **Total** **12 No:** **₹ 3,429.00**  
**Indian Rupees Three Thousand Four Hundred Twenty Nine Only**  
 HSN/SAC **E & O E**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
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99		9%		9%		
99		14%		14%		
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for PRAFUL SANITARY

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<b>INWARD</b>	
Inward No: 9760	Dr: 20/8/22
MRN No: 110884	Dr: 20/8/22
Received By: [Signature]	Sign: [Signature]