Date:

Supplier name

Firm/Company

| | HASE DIVISION roval for credit to su | pplier | |
|------------|--------------------------------------|------------------|-------------------|
| repared by | Vencete | Serial no. | 9118 |
| Senti | ues | HO inward no. | |
| roject | NE | HO received date | - |
| O/WO No. | 92161 | Scan ID. | |
| В | Bill date | Bill amount | Original attached |
| | -1 | 10/20 | ¥es □ No |

PO/WO date Sl no. Bill no. 1. 17 01/10/21 2. □ Yes 3. □ Yes □ No 4. □ Yes □ No Amount A - Bills total (Excluding Transport & Hamali Charges): 10,600 200 Proof of delivery by way of:

DCs/bill
Steel report
RMC pour report
Solid block report
Installation report MRN Proof of delivery Yes No 112405 nos.: matches MRN Amount B - Other Credits: Transportation charges Amount C -Other Debits: Amount D (D=A+B-C) – Amount to be credited to the supplier: Amount E - PO / WO value: 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 200 101 Remarks: Approved by Purchase Officer Purchase M D Accountant Accounts Manager Manager Name: Sign: Date P. VENKATESHWARLU Approval limit Upto 20k MANAGERYPURCHASE 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.

7 - 1 - 12 - 12 - 12 - 12 - 1

Haraget, pilony gy 19 Caralle Builder

1.101-20

Tax Invoice

Invoice No. Dated MAA SAI SEATINGS 5th FLOOR,5-5-33,PLOT NO.105 TO 113/1 137 1-Oct-22 RK'S ELITE, MYTHRINAGAR ALLWYN COLONY Delivery Note Mode/Terms of Payment KUKATPALLY, HYDERABAD GSTIN/UIN: 36AJZPK4074G1ZO Reference No. & Date Other References State Name: Telangana, Code: 36 K.V.CHANDRASEKHAR E-Mail: maasaiseatings@gmail.com Buyer's Order No. Dated Buyer (Bill to) 92361/175533 28-Sep-22 NILGIRI ESTATES Dispatch Doc No. Delivery Note Date 5-4-187/3&4,II ND FLOOR, M.G.ROAD, SECUNDERABAD. DELIVERY AT: NILGIRI ESTATES Dispatched through Destination SY.NO.143/133/134/135/136, RAMPALLY VILLAGE. Terms of Delivery GSTIN/UIN 36AAHFN0766F1ZA

| SI 10. | Description of Goods | | HSN/SAC | Quantity | Rate | per | Amount |
|-----------|-----------------------|--------------------|---------|----------|----------|-----|------------------|
| | BIL CHAIR | | 9403 | 2 nos | 4,500.00 | nos | 9,000.00 |
| | | CGST 9% SGST 9% | | | | | 810.00 810.00 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Chargeable (in words) | Total | | 2 nos | | _ | 10,620.00 |

State Name

Telangana, Code: 36

INR Ten Thousand Six Hundred Twenty Only

E. & O.E

| HSN/SAC | Taxable | | tral Tax | Sta | ate Tax | Total |
|---------|----------|------|----------|------|---------|------------|
| 9403 | Value | Rate | Amount | Rate | Amount | Tax Amount |
| 9403 | 9,000.00 | 9% | 810.00 | 9% | 810.00 | 1.620.00 |
| Total | 9,000.00 | | 810.00 | | 810.00 | 1,620.00 |

Tax Amount (in words): INR One Thousand Six Hundred Twenty Only

Company's PAN

Declaration

: AJZPK4074G

We declare that this invoice shows the actual price of the goods

Company's Bank Details Bank Name

A/c No

: ICICI BANK 631205501075

Branch & IFS Code: KUKATPALLY & ICIC0006312

for MAA SAI SEATINGS

d Signatory

described and that all particulars are true and correct.

is a Computer Generated Invoices

Purchase Order

| Pa | qe | (5) | 1 | Of | 1 |
|----|----|-----|---|----|---|

29-09-2022 11:05:21

From Company: Nilgiri Estates

5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003.

GSTNo.: 36AAHFN0766F1ZA



16.09.22 3:01:08

| Supplier Details | | | |
|---|-------------------|-----------|--------|
| Maa Sai Seatings | Doc No | 92361 | 175533 |
| 5-5-33, F 505,RKs Elite, Vignanpuri Colony, Kukatpally, Hyderabad - 72. | Doc Date | 28-09-202 | |
| | Quote No | Nil | |
| GSTIN 36AJZPK4074G1ZO | Quote Date | 28-09-202 | .2 |
| 9246243243 | SupplyType | Supply | |

Kind Attn: K.V. Chandra Sekhar

Purchase Order for the Supply of following Items.

| Item Name | Qty | Rate | Dis% | GST | Amount |
|---|------|----------|-----------|-------|-----------|
| 1 856800 - FUNF-Furniture & fixtures - Chair with Caster-Black colour-Maa Sai Seating Nos | 2.00 | 4,500.00 | 0.00 | 18.00 | 10,620.00 |
| upees : Ten Thousand Six Hundred Twenty Only. | | Total Or | der Value | e | 10,620.00 |

Terms and Conditions :-

Specification / Brand All items shall be of Kabil Chair with Caster.

Payment Terms

50% Advance and balance 50% after delivery and completion of the work.

Tax

All taxes included in above price.

Delivery Date

Within 7days.

Delivery Location

Nilgiri Estate

Sy.No.143/133/134/135/136, Rampally Village.

Phone. 9030931172

Penality For Delay

Nil

Transportation Cost

Included in above price

Warranty

One year

Advance Paid

Rs.5310/- to be pay vide cheque no....

Other Terms

We reserve the right to reject items not conforming to quality and specifications, Above order is for commercial complex purpose.

Completion Date

Work shall be completed within 3days from the date of the work order.

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 Nilgiri Estates

Authorised Signatory

Name :

Vermen 201/2

Accepted the above Terms And Conditions

For Maa Sai Seatings

| Name : | |
|--------|----------|
| | Date :// |

| | | WARLU | P. VENKATESHWARLU | 0, 2 | | | |
|---------------------------------|-----------|-----------|-----------------------|--------------------|--|--------------------------------|----------------|
| | | 2022 | 2 8 SEP 2022 | | | Sign & Date: | S |
| | | VED | APPROVED | | Vijay Raj | Approved By: | A |
| | | | O km | | A.Sravani | Prepared By: | P ₁ |
| MD | | urohase | Rurohase | Project Manager | Engineer | | |
| | | | | | | | |
| | | | | | for guest room purpose. | Remarks: | R |
| | | | | | | | 10 |
| | | | | | | | 9 |
| | | | | | | | 00 |
| | | | | | | | 7 |
| | | | | | | | 6 |
| | | | | | | | S |
| | | | | | | | 4 |
| | | | | | | | w |
| | | | | | | | 2 |
| | | 2 | | 2 | FUNF8568-Furniture & fixtures-Chair with Caster-Black colour-Maa Sai SeatingNos 9236 | | - |
| Order Qty Inward No Inward Date | Inward No | Order Qty | Qty available at site | Qty required | Item | S No | S |
| | | | 20092 | ID No. | 30.09.22 | Material required before date: | p Z |
| | | | 175533 | Req. No. | | Supplier: | S |
| | | | | | 5. | Unit No./Block No. | U |
| | | | 11:20 | Time: | NE | Site & Phase: | S |
| | | | 27.09.22 | Date: | NE | Company Name: | C |
| | | | | | | Requisition Form | R |

MANAGER PURCHASE

| * | | | | | | |
|--|--|-------------------|-------------|--------------|-----------------|-----------------|
| MAA SAI SEATINGS | | Invoice No |). | Dated | | |
| 5th FLOOR,5-5-33,PLOT NO.105 TO 113/1 RK'S ELITE,MYTHRINAGAR ALLWYN COLONY KUKATPALLY,HYDERABAD | | 137 Delivery N | ote | 1-Oc Mode | | of Payment |
| GSTIN/UIN: 36AJZPK4074G1ZO State Name: Telangana, Code: 36 | | Reference | No. & Date. | 0 11101 | Refere | |
| E-Mail : maasaiseatings@gmail.com Buyer (Bill to) | | Buyer's Or | der No. | Dated | | DRASEKHAF |
| NILGIRI ESTATES | | 92361/17 | | 28-S | ep-22 | |
| 5-4-187/3&4,II ND FLOOR, M.G.ROAD,SECUNDERABAD. | | Dispatch [| oc No. | Delive | ery Note | e Date |
| DELIVERY AT : NILGIRI ESTATES | | Dispatche | d through | Desti | nation | |
| SY.NO.143/133/134/135/136, RAMPALLY VILLAGE. | | Terms of E |)elivery | | | |
| GSTIN/UIN : 36AAHFN0766F1ZA State Name : Telangana, Code : 36 | | | , | | | |
| SI Description of Goods | | HSN/SAC | Quantity | Rate | per | Amount |
| No. | | | | | | |
| 1 KABIL CHAIR | CGST 9% | 9403 | 2 nos | 4,500.00 | nos | 9,000.0 |
| | SGST 9% | | | | | 810.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Amount Chargeable (in words) | Total | | 2 nos | | ₹ | 10,620.00 |
| INR Ten Thousand Six Hundred Twenty Only | | | | | | E. & O.E |
| HSN/SAC | Taxable | Cent | ral Tax | State T | ax | Total |
| 9403 | Value 9,000.0 | Rate 0 9% | Amount | Rate Ar | nount | Tax Amount |
| Tota | 9,000.0 | 0 | 810.00 | 9% | 810.00 | |
| Company's PAN : AJZPK4074G Declaration We declare that this invoice shows the actual price of the good described and that all particulars are true and correct. Inward No: 11919 Dt: 1610 22 This is a Comput | Company Bank Nan A/c No. Branch & | o's Bank Dei | | Y & ICICO | 8 /3/ 006312 | 1,620.0 |
| MAN NO: 1/2405 Dt: 3 10/29 | ter Generated In | Wolse IN | WARD P | | Autro | rised Signatory |

Tax Invoice