PURCHASE DIVISION Advice for approval for credit to supplier



| Original attached Yes No Yes No |
|---------------------------------------|
| Yes No No Yes No No |
| □ Yes □ No |
| □ Yes □ No |
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| t received |
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| Accounts |
| Manager |
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| Above 20k |
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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 remarked and the bills total does not match, accountants to prepare JV for debit or credit 2. This set should only have 5 documents remarked and the bills total does not match, accountants to prepare JV for debit or credit 2. This set should only have 5 documents remarked and the bills total does not match, accountants to prepare JV for debit or credit 2. This set should only have 5 documents remarked and the bills total does not match, accountants to prepare JV for debit or credit 2. This set should only have 5 documents remarked and the bills total does not match, accountants to prepare JV for debit or credit 3. 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

| 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)

Summit Sales LLP

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

Secunderabad

GSTIN/UIN State Name : 36ACQFS2044C1Z7 : Telangana, Code : 36

| Invoice No. | Dated |
|-----------------------|--------------------|
| PS/22-23/ 693 | 17-Oct-22 |
| Delivery Note | |
| Invoice | |
| Reference No. & Date. | Other References |
| | Credit |
| Buyer's Order No. | Dated |
| 92982 | 17-Oct-22 |
| Dispatch Doc No. | Delivery Note Date |
| Invoice | 17-Oct-22 |
| Dispatched through | Destination |
| Self | Cherlapally |

| SI | | | HSN/SAC | GST Rate | Quantity | Rate | per | Disc. % | Amount |
|-----|----------------------------|--------------|--------------|-------------|----------|--------|-----|---------|-------------|
| No. | | | 0.404 | | 202.11 | 70.00 | Nin | 20.04 | |
| 1 | 25mm Extension Nipple | | 8481 8481 | 18 % | 200 No: | 72.00 | | | 10,080.00 |
| 2 | 40mm Extension Nipple | | 8481 | 18 % | | 108.00 | | | 7,560.00 |
| 3 | Waste Coupling Half Thread | | 0401 | 18 % | 40 No: | 275.00 | NO: | 30 % | 7,700.00 |
| | | | | | | | | | 25,340.00 |
| | | Output CGST | | | | | | | 2,280.60 |
| | | Output SGST | | | | | | | 2,280.60 |
| | Less: | ROUNDING OFF | | | | | | | (-)0.20 |
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| | Characable (in words) | Total | | | 340 No: | | | | ₹ 29,901.00 |

Amount Chargeable (in words)

E. & O.E

Indian Rupees Twenty Nine Thousand Nine Hundred One Only

| HSN/SAC | Taxable | e Central Tax | | ax State | | Total |
|---------|-----------|---------------|----------|----------|----------|------------|
| | Value | Rate | Amount | Rate | Amount | Tax Amount |
| 8481 | 25,340.00 | 9% | 2,280.60 | 9% | 2,280.60 | 4,561.20 |
| 99 | | 9% | | 9% | | |
| 99 | | 14% | | 14% | | |
| Total | 25,340.00 | | 2,280.60 | | 2,280.60 | 4,561.20 |

Tax Amount (in words): Indian Rupees Four Thousand Five Hundred Sixty One and Twenty paise 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.

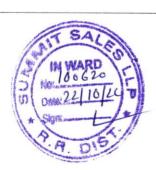
for PRAFUL SANITARY

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

INWARD
Inward No. 18872 Dt: 1911014
MRN No: 12989 Dt: 22 1014
Received By: Sign: 8



GST INVOICE

| 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) |
| |

Summit Sales LLP 5-4-187/3&4, IInd Floor, M.G Road

Secunderabad

GSTIN/UIN 36ACQFS2044C1Z7 State Name : Telangana, Code: 36

| Invoice No. | Dated |
|-----------------------|--------------------|
| PS/22-23/ 693 | 17-Oct-22 |
| Delivery Note | |
| nvoice | |
| Reference No. & Date. | Other References |
| | Credit |
| Buyer's Order No. | Dated |
| 92982 | 17-Oct-22 |
| Dispatch Doc No. | Delivery Note Date |
| Invoice | 17-Oct-22 |
| Dispatched through | Destination |
| Self | Cherlapally |

| SI lo. | Description of Goods and Services | | HSN/SAC | GST Rate | Quantity | Rate | per | Disc. % | Amount |
|-----------|--|--|--------------|--------------|----------|-----------------|-----|--------------|---------------------------------|
| 1 | 25mm Extension Nipple 40mm Extension Nipple | | 8481 8481 | 18 % 18 % | | 72.00 108.00 | No: | 30 % 30 % | 10,080.00 7,560.00 |
| 3 | Waste Coupling Half Thread | | 8481 | 18 % | 40 No: | 275.00 | No: | 30 % | 7,700.00 |
| | | 0 | | | | | | | 25,340.00 |
| | Less | Output CGST Output SGST ROUNDING OFF | | | | | | | 2,280.60 2,280.60 (-)0.20 |
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| 1 | , | | | | Se es | | | | |
| 1 | | Total | | | 340 No: | | | | ₹ 29,901.00 |

Indian Rupees Twenty Nine Thousand Nine Hundred One Only

HSN/SAC Taxable Central Tax State Tax Total Value Rate Amount Rate Amount Tax Amount 8481 25,340.00 9% 2,280.60 9% 2,280.60 4,561.20 99 9% 9% 99 14% 14% Total 25,340.00 2,280.60 2,280.60 4,561.20

Tax Amount (in words): Indian Rupees Four Thousand Five Hundred Sixty One and Twenty paise 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

Inward No: MRN No: 1 Received By: SUMMIT SALES L

Purchase Order

Page(s) 1 Of 1

17-10-2022 10:37:50

From Company: Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7



11.10.22 11:08:40

| Supplier Details | | | | | | |
|--------------------------------------|------------|-------------------|------------|-----|--|--|
| Praful Sanitary | Doc No | 92982 | 170297 | | | |
| 3-6-138/5, Himayat Nagar, Hyd | Doc Date | 15-10-2022 | | | | |
| | | Quote No | NIL | NIL | | |
| GSTIN 36ACWPG864A1ZG 40077300 | | Quote Date | 13-10-2022 | | | |
| 65526886. | 9849624797 | SupplyType | Supply | | | |

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

| Item Name | Qty | Rate | Dis% | GST | Amount |
|--|--------|----------|-----------|-------|-----------|
| 1 792000 - PLCP-Plumbing - CP Extension Nipple 12X25mm - Nos | 200.00 | 72.00 | 30.00 | 18.00 | 11,894.40 |
| 2 465800 - PLCP-Plumbing - CP Extension Nipple 12X40mm - Nos | 100.00 | 108.00 | 30.00 | 18.00 | 8,920.80 |
| 3 338100 - PLCP-Plumbing - CP Wash Basin Waste Coupling Nos | 40.00 | 275.00 | 30.00 | 18.00 | 9,086.00 |
| | | Total Or | der Value | e | 29,901.20 |

| Terms | and | Conc | litions | |
|----------|-----|------|----------|--|
| 1 (11113 | anu | COIL | 11(10113 | |

All items shall be of HB brand/company Specification / Brand

Payment Terms After Delivery & Production of bill

Tax inclusive of all taxes

Delivery Date Next Day

Summit Housing LLP **Delivery Location**

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra

Penality For Delay

Nil

Transportation Cost

Transport cost shall be borne by us.

Warranty

1 Year

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications Above order for pressure guage fitting for Stock replenishing purpose.

Completion Date

NA Nil

Measurment 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 sent by email.

For Summit Sales LLP

Accepted the above Terms And Conditions

Authorised Signatory

For Praful Sanitary

Name:

Date : __/__/___

Contact - -