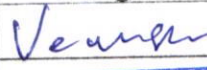


**PURCHASE DIVISION**  
Advice for approval for credit to supplier

|                                |  |                      |  |                  |  |
|--------------------------------|--|----------------------|--|------------------|--|
| Date: 03/12/22                 |  | Prepared by: kalpana |  | Serial no. 11219 |  |
| Supplier name: Praful Sanitary |  | HO inward no.        |  |                  |  |
| Firm/Company: SOV LLP          |  | Project: SOV-III     |  | HO received date |  |
| PO/WO date: 28/10/22           |  | PO/WO No. 93333      |  | Scan ID.         |  |

| Sl no. | Bill no.     | Bill date | Bill amount | Original attached                                                   |
|--------|--------------|-----------|-------------|---------------------------------------------------------------------|
| 1.     | PS/22-23/803 | 16/11/22  | 2,832/-     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.     |              |           | 1           | <input checked="" 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):                                                                                                                                                                         |                               |                                                                                                                                                                 | 2,832/-                                                             |
| 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.: 113876                                                                                                                                                                                                                       | 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:                                                                                                                                                                            |                               |                                                                                                                                                                 | 2,832/-                                                             |
| Amount E – PO / WO value:                                                                                                                                                                                                              |                               |                                                                                                                                                                 | 2,832/-                                                             |
| Amount F – Difference (A – E):                                                                                                                                                                                                         |                               |                                                                                                                                                                 | -                                                                   |
| 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                                                                                                                                                                                                                     |                               | 12/12/22                                                                                                                                                        |                                                                     |
| Remarks: Final Bill                                                                                                                                                                                                                    |                               |                                                                                                                                                                 |                                                                     |

| Approved by    | Purchase Officer | Purchase Manager                                                                    | M D        | Accountant | Accounts Manager |
|----------------|------------------|-------------------------------------------------------------------------------------|------------|------------|------------------|
| Name:          |                  | Venush                                                                              |            |            |                  |
| Sign:          |                  |  |            |            |                  |
| Date           |                  | 03 DEC 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 weightment 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)

**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)

**Silver Oak Villas LLP**

5-4-187/3&4, IInd Floor, M.G. Road  
Secunderabad  
GSTIN/UIN : 36ADBFS3288A2Z7  
State Name : Telangana, Code : 36

Invoice No.

**PS/22-23/ 803**

Dated

**16-Nov-22**

Delivery Note

**Invoice**

Reference No. &amp; Date.

Other References

**Credit**

Buyer's Order No.

**93333**

Dated

**12-Nov-22**

Dispatch Doc No.

Delivery Note Date

**Invoice****16-Nov-22**

Dispatched through

Destination

**Mr. Narender****Cherlapally**

| SI No. | Description of Goods and Services | HSN/SAC | GST Rate | Quantity     | Rate   | per | Disc. % | Amount            |
|--------|-----------------------------------|---------|----------|--------------|--------|-----|---------|-------------------|
| 1      | <b>500mm Orissa Pan ( White )</b> | 6910    | 18 %     | <b>5 No:</b> | 600.00 | No: | 20 %    | <b>2,400.00</b>   |
|        | <b>Output CGST</b>                |         |          |              |        |     |         | <b>216.00</b>     |
|        | <b>Output SGST</b>                |         |          |              |        |     |         | <b>216.00</b>     |
| Total  |                                   |         |          | <b>5 No:</b> |        |     |         | <b>₹ 2,832.00</b> |

E. &amp; O.E

Amount Chargeable (in words)

**Indian Rupees Two Thousand Eight Hundred Thirty Two Only**

| HSN/SAC | Taxable Value | Central Tax |        | State Tax |        | Total Tax Amount |
|---------|---------------|-------------|--------|-----------|--------|------------------|
|         |               | Rate        | Amount | Rate      | Amount |                  |
| 6910    | 2,400.00      | 9%          | 216.00 | 9%        | 216.00 | 432.00           |
| 99      |               | 9%          |        | 9%        |        |                  |
| 99      |               | 14%         |        | 14%       |        |                  |
| Total   | 2,400.00      |             | 216.00 |           | 216.00 | 432.00           |

Tax Amount (in words) : **Indian Rupees Four Hundred Thirty 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



## 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)  
**Silver Oak Villas LLP**  
5-4-187/3&4, IInd Floor, M.G. Road  
Secunderabad  
GSTIN/UIN : 36ADBFS3288A2Z7  
State Name : Telangana, Code : 36

|                       |                    |
|-----------------------|--------------------|
| Invoice No.           | Dated              |
| <b>PS/22-23/ 803</b>  | <b>16-Nov-22</b>   |
| Delivery Note         |                    |
| <b>Invoice</b>        |                    |
| Reference No. & Date. | Other References   |
|                       | <b>Credit</b>      |
| Buyer's Order No.     | Dated              |
| <b>93333</b>          | <b>12-Nov-22</b>   |
| Dispatch Doc No.      | Delivery Note Date |
| <b>Invoice</b>        | <b>16-Nov-22</b>   |
| Dispatched through    | Destination        |
| <b>Mr. Narender</b>   | <b>Cherlapally</b> |

| SI No. | Description of Goods and Services | HSN/SAC | GST Rate | Quantity     | Rate   | per | Disc. % | Amount            |
|--------|-----------------------------------|---------|----------|--------------|--------|-----|---------|-------------------|
| 1      | <b>500mm Orissa Pan ( White )</b> | 6910    | 18 %     | <b>5 No:</b> | 600.00 | No: | 20 %    | <b>2,400.00</b>   |
|        | <b>Output CGST</b>                |         |          |              |        |     |         | <b>216.00</b>     |
|        | <b>Output SGST</b>                |         |          |              |        |     |         | <b>216.00</b>     |
|        |                                   | Total   |          | <b>5 No:</b> |        |     |         | <b>₹ 2,832.00</b> |

|                              |              |
|------------------------------|--------------|
| <b>INWARD</b>                |              |
| Inward No: 3029              | Dt: 16/11/22 |
| MRN No: 113876               | Dt: 16/11/22 |
| Received By:                 | Sign:        |
| (Silver Oak Villas-Part-III) |              |

Amount Chargeable (in words)

**Indian Rupees Two Thousand Eight Hundred Thirty Two Only**

E. &amp; O.E

| HSN/SAC | Taxable Value | Central Tax |        | State Tax |        | Total Tax Amount |
|---------|---------------|-------------|--------|-----------|--------|------------------|
|         |               | Rate        | Amount | Rate      | Amount |                  |
| 6910    | 2,400.00      | 9%          | 216.00 | 9%        | 216.00 | 432.00           |
| 99      |               | 9%          |        | 9%        |        |                  |
| 99      |               | 14%         |        | 14%       |        |                  |
| Total   | 2,400.00      |             | 216.00 |           | 216.00 | 432.00           |

Tax Amount (in words) : **Indian Rupees Four Hundred Thirty 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



# Purchase Order

Page(s) 1 Of 1

31-10-2022 17:43:37



93333

18.10.22 2:23:37

From Company : **Silver Oak Villas LLP**  
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003  
G S T No. : 36ADBFS3288A2Z7

| Supplier Details                                                                                                            |  |                   |              |
|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------|--------------|
| Praful Sanitary<br>3-6-138/5, Himayat Nagar, Hyderabad.<br><br><b>GSTIN</b> 36ACWPG864A1ZG 40077300<br>65526886. 9849624797 |  | <b>Doc No</b>     | 93333 184733 |
|                                                                                                                             |  | <b>Doc Date</b>   | 28-10-2022   |
|                                                                                                                             |  | <b>Quote No</b>   | nil          |
|                                                                                                                             |  | <b>Quote Date</b> | 27-10-2022   |
|                                                                                                                             |  | <b>SupplyType</b> | Supply       |

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

| Item Name                                              | Qty  | Rate   | Dis%  | GST   | Amount   |
|--------------------------------------------------------|------|--------|-------|-------|----------|
| 1 292000 - SACP-Sanitary-CP - WC-Indian- - 500MM - Nos | 5.00 | 600.00 | 20.00 | 18.00 | 2,832.00 |
| Total Order Value . . .                                |      |        |       |       | 2,832.00 |
| Rupees : Two Thousand Eight Hundred Thirty Two Only.   |      |        |       |       |          |

## Terms and Conditions :-

|                          |                                                                                                                                                                                                                                            |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specification /</b>   | As per details given in the quotation.                                                                                                                                                                                                     |
| <b>Payment Terms</b>     | After Delivery & Production of bill                                                                                                                                                                                                        |
| <b>Tax</b>               | All taxes included in above price.                                                                                                                                                                                                         |
| <b>Delivery Date</b>     | Next Day.                                                                                                                                                                                                                                  |
| <b>Delivery Location</b> | Silver Oak Villas Part III<br>Sy .No.11,12,14,15,16,17,18 , 294<br>Phone. 0                                                                                                                                                                |
| <b>Penalty For Delay</b> | Nil                                                                                                                                                                                                                                        |
| <b>Transportation</b>    | Nil                                                                                                                                                                                                                                        |
| <b>Warranty</b>          | Nil                                                                                                                                                                                                                                        |
| <b>Advance Paid</b>      | Nil                                                                                                                                                                                                                                        |
| <b>Other Terms</b>       | We reserve the right to reject items not conforming to quality and specifications.For villa no .152,153,158,159,160 purpose                                                                                                                |
| <b>Completion Date</b>   | NA                                                                                                                                                                                                                                         |
| <b>Measurment</b>        | Nil                                                                                                                                                                                                                                        |
| <b>Security</b>          | Nil                                                                                                                                                                                                                                        |
| <b>Remarks</b>           | 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 **Silver Oak Villas LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

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

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

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

Contact - -

| Requisition Form               |                                            | Date:                                    |                       |
|--------------------------------|--------------------------------------------|------------------------------------------|-----------------------|
| Company Name:                  | Silver Oak Villas                          | 27-10-2022                               |                       |
| Site & Phase:                  | SOV-III                                    | Time:                                    | 3:00                  |
| Unit No./Block No.:            | For Villa no.152,153,158,159,160 Purpose   | Req. No.                                 | 18473                 |
| Supplier:                      |                                            | Req. No.                                 | 80929                 |
| Material required before date: | Urgent                                     | Req. No.                                 |                       |
| S No                           | Item                                       | Qty required                             | Qty available at site |
| 1                              | SACP 2920-Sanitary-CP-WC-Indian--500MM-Nos | 600+20+18%                               | 0                     |
| 2                              |                                            |                                          |                       |
| 3                              |                                            |                                          |                       |
| 4                              |                                            |                                          |                       |
| 5                              |                                            |                                          |                       |
| 6                              |                                            |                                          |                       |
| 7                              |                                            |                                          |                       |
| 8                              |                                            |                                          |                       |
| 9                              |                                            |                                          |                       |
| 10                             |                                            |                                          |                       |
| Remarks:                       |                                            | For Villa no.152,153,158,159,160 Purpose |                       |
| Prepared By:                   | K. Tulasi Rani                             | Project Manager:                         | P. Venkateshwarlu     |
| Approved By:                   |                                            | Project Manager:                         |                       |
| Sign & Date:                   |                                            | Project Manager:                         |                       |