PURCHASE DIVISION Advice for approval for credit to supplier



Date:	09/01/23	Prepare	d by	Kalpa	ana	Serial no.		12797
Supplier name	Vivid wo	bla		Ray	17(0)	HO inward	d no.	2~101
Firm/Company	AMIZ MSR	Duniant		40		HO receive	ed date	
PO/WO date	06/61/23	PO/WO	No.	958	53	Scan ID.		
SI no.	Bill no.		Bill			Bill amount		Original attached
1.	2522		02/01	123	6	551-		□ Yes □ No
2.			0 - [0	1		33 (□ Yes □ No
3.			2	-)		□ Yes □ No
4.				-				□ Yes □ No
Amount A – B	ills total (Excluding Tran	sport & H	amali Charg	ges):			65	-d-
Proof of delive	ry by way of: □ DCs/bill	□ Steel r	eport RM	C pour repo	rt 🗆 Sol	id block rep	ort 🗆 Inst	callation report
MRN					Proof o	f delivery		Yes 🗆 No
nos.:	11589	5		8	matche	s MRN	1	
Amount B -Ot	her Credits: Transportati	on charges	S					
Amount C -Oth	her Debits :						-	
Amount D (D=	A+B-C) – Amount to be	credited to	the supplie	er:			6	000
Amount E – PC	O / WO value:							22/
Amount F – Di	fference (A – E):						6	11
Quantity receiv	red as per PO/WO		Yes 🗆 I	Excess receiv	ved 🗆 Sh	ort received	□ Part re	eceived
Close PO / WO			Yes o N	No – wait for	balance	material 🗆 (Other	
Payment – due	date	-		11/10/1	2			
Remarks:			(,)	16[01]	23			
			That	2517				*
Approved by	Purchase Officer		chase	M D		Account	tant	Accounts Manager
Name:	8							171unagei
Sign:				225				
Date								
Approval limit	Upto 20k	Above 20	Ok	Above 100k		Upto 20k	2	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.

06-01-2023 16:58:34

From Company: AMTZ Medpolis Square PVT Ltd

5-4-187/3&4, IInd floor, soham mansion, M G Road, Ranigunj, Hy

27.12.22 3:37:04

G S T No.: 36AAXCA5159I1ZV

Supplier Details

Vivid World 204, Kubera Towers, Narayanaguda, Hyderabad. Doc No 95853 203216 **Doc Date** 06-01-2023 **Quote No** NIL

GSTIN 36AVTPS1528D1ZB

6682-3161/6682-3171

92462-15868

Quote Date 02-01-2023 SupplyType Supply

Kind Attn: Mr. Vishal

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 244200 - COMP-Peripherals - Laser Toner-Refilling-HP - 12A - Nos	1.00	230.00	0.00	18.00	271.40
2 992900 - COMP-Peripherals - Laser Toner-Drum-HP - 12A - Nos	1.00	325.00	0.00	18.00	383.50
		Total Or	der Value	e	654.90

Terms and Conditions :-

Specification /

As per details given in the quotation

Payment Terms

After Delivery & Production of bill

Tax

All taxes included in above price.

Delivery Date

Same Day

Delivery Location

Head Office

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

Phone. 040-66335551

Penality For Delay Nil

Transportation

Included in the above price.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right items not conforming to quality and specifications. Above order for HO work Purpose.

Completion Date

Nil

Measurment

Nil Nil

Security Remarks

Name :

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 AMTZ Medicolis Square PVT Ltd

Authorised Signate

For Vivid World

Accepted the above Terms And Conditions

Name:		

Date : __/__/__

M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

Flat No. 503, G2 Block, Indu Aranaya Pallavi Apts., Bandlaguda, Nagole, Hyderabad – 500 068, Telangana State. Tel: +91-9246215868

Hagon	c,, ac. a.a.	G	STIN	: 36AVT	PS1528D1	ZB	-	12/2			
		-	ΓΑΣ	X INV	VOIC	E					
Invoice No.: 2522						rt Mode :					
Invoice Date :02 /01/2023		\				Number :					
Reverse Charge (Y/N):					Date of	Supply:					
State : TELANGANA	Cod	e	36	5							
Bill to Pa	arty						SI	nip to Pa	irty		
Address: M/s .AMTZ MEDPOLIS SC 5-4-187/3&4, 2ND FLOOR, SOHAN	QUARE PVT L	TD, MGI	RD,SE	CBAD.	GATE PA	ASS NP:67	39				
GST: 36AAXCA5159L1ZV			1		GSTIN:					92	
State : TELANGANA			Co de		State :)					Code
Product Description	HSN Code	U O M	Qty.	Rate	Amount	TAXABLE VALUE	CGST			SGST	TOTAL
	7.	141					RATE	AMT	RATE	AMT	
HP 12A LASER TONER REFILLING	3707		01	230.00	230.00	41.40	9%	20.70	9%	20.70	271.40
HP 12A LASER TONER DRUM	8443	+	01	325.00	325.00	58.50	9%	29.25	9%	29.25	383.50
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	Inward N	lo:	807	Dt: 4	11123						
	MRN No	: 11	589	Dt:	1						
	Received	18	iti	Sign							
	MO	OD	PR	OPERT	IES						
					555.00	99.90					654.90
									1		555.00
RS. SIX HUNDRED FIFTY FOUR AND	NINTY PAISE	ON	LY			ADD:CGST	Г 9%				49.95
(RS.654.90)						ADD: SGS	T 9%				49.95
						Total Amou	unt After Ta	X			654.90
		. '				-					
Bank Details Bank Name : INDIAN BANk Branch : Narayanguda Branc Bank A/C : 406746378	h	A	M	R for	SMMI W My	Ce	rtified that t	For VIV	VID WO	Ne are true	and correct
Bank IFSC : IDIB000N015			Com	mon Saak	a X	to m		Authori	A SAR	retury	

Requisition Form						
Company Name:	AMTZ Medpolis Square Pvt Ltd	Date:	2023-01-02			
Site & Phase:	НО	Time:				
Unit No./Block No.						
Supplier:	525	Req. No.	203216			
Material required before date:	758	ID No.	83197			
S No	Item	Qty required	Qty available at site	Order Qty	Order Qty Inward No Inward Date	Inward
1	COMP3485-Peripherals-Laser Toner-Refilling-HP-12A-Nos		1 0	1		
2	COMP4047-Peripherals-Laser Toner-Drum-HP-12A-Nos		0	1		
3						
4						
5						
6						
7						
∞						
9						
10						
Remarks:	This is for HO		_	>		
					The state of the s	
	Engineer	Project Manager	70	Purchase	7.0 To 130 House	MD
Prepared By:	Suneel		0.7	0 7 JAN 2023	TEX TO SERVICE STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS O	
Approved By:				SAMPLE PARKE	I	
Sign & Date:			MANAGER	WANAGER PROCUE	TA NOT	