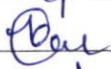


PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                        |          |                                                                                     |  |                                                                                                                                                                 |  |            |                               |                  |                                                                     |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-------------------------------|------------------|---------------------------------------------------------------------|----------------------------------------------------------|--|
| Date:                                                                                                                                                                                                                                  |          | 20/01/23                                                                            |  | Prepared by                                                                                                                                                     |  | kalpana    |                               | Serial no.       |                                                                     | 13473                                                    |  |
| Supplier name                                                                                                                                                                                                                          |          | vivid world                                                                         |  |                                                                                                                                                                 |  |            |                               | HO inward no.    |                                                                     |                                                          |  |
| Firm/Company                                                                                                                                                                                                                           |          | SSCLP                                                                               |  | Project                                                                                                                                                         |  | HO         |                               | HO received date |                                                                     |                                                          |  |
| PO/WO date                                                                                                                                                                                                                             |          | 19/01/23                                                                            |  | PO/WO No.                                                                                                                                                       |  | 96297      |                               | Scan ID.         |                                                                     |                                                          |  |
| Sl no.                                                                                                                                                                                                                                 | Bill no. |                                                                                     |  | Bill date                                                                                                                                                       |  |            | Bill amount                   |                  |                                                                     | Original attached                                        |  |
| 1.                                                                                                                                                                                                                                     | 2527     |                                                                                     |  | 11/01/23                                                                                                                                                        |  |            | 1,699/-                       |                  |                                                                     | <input 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):                                                                                                                                                                         |          |                                                                                     |  |                                                                                                                                                                 |  |            |                               | 1,699/-          |                                                                     |                                                          |  |
| 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.:                                                                                                                                                                                                                              |          | 116469                                                                              |  |                                                                                                                                                                 |  |            | 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:                                                                                                                                                                            |          |                                                                                     |  |                                                                                                                                                                 |  |            |                               | 1,699/-          |                                                                     |                                                          |  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |          |                                                                                     |  |                                                                                                                                                                 |  |            |                               | 1,699/-          |                                                                     |                                                          |  |
| 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                                                                                                                                                                                                                     |          |                                                                                     |  | 30/01/23                                                                                                                                                        |  |            |                               |                  |                                                                     |                                                          |  |
| Remarks: final Bill                                                                                                                                                                                                                    |          |                                                                                     |  |                                                                                                                                                                 |  |            |                               |                  |                                                                     |                                                          |  |
| Approved by                                                                                                                                                                                                                            |          | Purchase Officer                                                                    |  | Purchase Manager                                                                                                                                                |  | M D        |                               | Accountant       |                                                                     | Accounts Manager                                         |  |
| Name:                                                                                                                                                                                                                                  |          | kalpane                                                                             |  |                                                                                                                                                                 |  |            |                               |                  |                                                                     |                                                          |  |
| Sign:                                                                                                                                                                                                                                  |          |  |  |                                                                                                                                                                 |  |            |                               |                  |                                                                     |                                                          |  |
| Date                                                                                                                                                                                                                                   |          | 20/01/23                                                                            |  |                                                                                                                                                                 |  |            |                               |                  |                                                                     |                                                          |  |
| 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.



## Purchase Order

Page(s) 1 Of 1

20-01-2023 10:11:27

From Company : **Summit Sales LLP**  
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7



| Supplier Details                                                                                                                    |                   |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------|
| Vivid World<br>204, Kubera Towers, Narayanaguda, Hyderabad.<br><br><b>GSTIN</b> 36AVTPS1528D1ZB<br>6682-3161/ 6682-3171 92462-15868 | <b>Doc No</b>     | 96297      | 203224 |
|                                                                                                                                     | <b>Doc Date</b>   | 19-01-2023 |        |
|                                                                                                                                     | <b>Quote No</b>   | NIL        |        |
|                                                                                                                                     | <b>Quote Date</b> | 11-01-2023 |        |
|                                                                                                                                     | <b>SupplyType</b> | 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  | 3.00 | 230.00 | 0.00 | 18.00 | 814.20          |
| 2 992900 - COMP-Peripherals - Laser Toner-Drum-HP - 12A - Nos       | 2.00 | 325.00 | 0.00 | 18.00 | 767.00          |
| 3 466800 - COMP-Peripherals - Laser Toner-Wiper-HP - NA - Nos       | 1.00 | 100.00 | 0.00 | 18.00 | 118.00          |
| <b>Total Order Value . . .</b>                                      |      |        |      |       | <b>1,699.20</b> |
| Rupees : One Thousand Six Hundred Ninty Nine and Paise Twenty Only. |      |        |      |       |                 |

### Terms and Conditions :-

|                              |                                                                                                                                                                                                                                                  |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specification / Brand</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>         | Same Day                                                                                                                                                                                                                                         |
| <b>Delivery Location</b>     | Head Office<br>5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003<br>Phone. 040-66335551                                                                                                                                                |
| <b>Penalty For Delay</b>     | Nil                                                                                                                                                                                                                                              |
| <b>Transportation Cost</b>   | Included in the above price.                                                                                                                                                                                                                     |
| <b>Warranty</b>              | Nil                                                                                                                                                                                                                                              |
| <b>Advance Paid</b>          | Nil                                                                                                                                                                                                                                              |
| <b>Other Terms</b>           | We reserve the right items not conforming to quality and specifications. Above order for HO work Purpose.                                                                                                                                        |
| <b>Completion Date</b>       | Nil                                                                                                                                                                                                                                              |
| <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 invoices must be sent to HO office or purchase site office. Proof of delivery /DC can be sent by email. |

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Vivid World**

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

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

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

|                                |                                                              |                  |              |                       |           |           |             |
|--------------------------------|--------------------------------------------------------------|------------------|--------------|-----------------------|-----------|-----------|-------------|
| Requisition Form               |                                                              |                  |              |                       |           |           |             |
| Company Name:                  |                                                              | Summit Sales LLP | Date:        | 2023-01-11            |           |           |             |
| Site & Phase :                 |                                                              | Ho               | Time:        |                       |           |           |             |
| Unit No./Block No.             |                                                              |                  |              |                       |           |           |             |
| Supplier:                      |                                                              |                  | Req. No.     | 203224                |           |           |             |
| Material required before date: |                                                              |                  | ID No.       | 83446                 |           |           |             |
| S No                           | Item                                                         |                  | Qty required | Qty available at site | Order Qty | Inward No | Inward Date |
| 1                              | 244200 COMP3485-Peripherals-Laser Toner-Refilling-HP-12A-Nos |                  | 3            | 0                     | 3         |           |             |
| 2                              | 466800 COMP4962-Peripherals-Laser Toner-Wiper-HP--Nos        |                  | 2            | 0                     | 2         |           |             |
| 3                              | 992900 COMP4047-Peripherals-Laser Toner-Drum-HP-12A-Nos      |                  | 1            | 0                     | 1         |           |             |
| 4                              |                                                              |                  |              |                       |           |           |             |
| 5                              |                                                              |                  |              |                       |           |           |             |
| 6                              |                                                              |                  |              |                       |           |           |             |
| 7                              |                                                              |                  |              |                       |           |           |             |
| 8                              |                                                              |                  |              |                       |           |           |             |
| 9                              |                                                              |                  |              |                       |           |           |             |
| 10                             |                                                              |                  |              |                       |           |           |             |
| Remarks:                       |                                                              | This is for HO   |              |                       |           |           |             |
|                                |                                                              |                  |              |                       |           |           |             |
| Engineer                       |                                                              | Project Manager  |              | Purchase              |           | MD        |             |
| Prepared By:                   |                                                              | Suneel           |              |                       |           |           |             |
| Approved By:                   |                                                              |                  |              |                       |           |           |             |
| Sign & Date:                   |                                                              |                  |              |                       |           |           |             |

APPROVED

20 JAN 2023

MINISH PARIKH

MANAGER PROCUREMENT