PURCHASE DIVISION Advice for approval for credit to supplier



Date:	.31. 1	Prepared	l by			Serial no		
Supplier name	18/01/23	1		Vana	a	200000000000000000000000000000000000000		13359
	Haty 3	mitar)	1)	HO inwa	rd no.	20000
Firm/Company	Schammansi owner Association	Project		r. I	D	HO recei	ved date	
PO/WO date	29/01/22	PO/WO	No.	Sohamm		Scan ID:		-
SI no.	Rill no		Dil	955	1			
	Diff no.		Bil	l date	1	Bill amoun		Original attached
1. F	3/22-23/10	0	7/01	23	4,5	7201		Yes 🗆 No
		1						□ Yes □ No
3.								□ Yes □ No
4.								□ Yes □ No
Amount A – Bi	lls total (Excluding Tra	nsport & Har	mali Char	ges):		/	11 0	20 1
Proof of deliver	y by way of: DCs/bil	l 🗆 Steel re	port 🗆 RN	1C pour repor	t □ Soli	d block rer	ort I Inc	tallation report
MRN			2	1				
nos.:	1163	90			matches	delivery MRN		□ Yes □ No
Amount B -Oth	er Credits : Transportat	ion charges						
Amount C -Oth	er Debits :							
Amount D (D=	A+B-C) – Amount to be	credited to t	he supplie	er:				
Amount E – PO							4,=	1201-
							4,5	7201
Amount F – Diff								-
Quantity receive	ed as per PO/WO		Yes 🗆	Excess receiv	ed 🗆 Sho	rt received	□ Part re	eceived
Close PO / WO			/	No – wait for				
Payment – due d	late			1				
Remarks:			23/0	1/23				
Approved by	Purchase Officer	Purcha	ase	MD		Aggoven	ant	
N		Manag		WI D		Account	ant	Accounts Manager
Name:	Vayaarthi							
Sign:	Danais							
Date	18/01/22							
Approval limit	Upto 20k	Above 20k		Above 100k	I	Jpto 20k		Above 20k
otos: 1 In	1							

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.

GST INVOICE

Fratul 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)

Soham Mansion Owners Association

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

Secunderabad

State Name : Telangana, Code : 36

Invoice No.	Dated
PS/22-23/1010	7-Jan-23
Delivery Note	
Invoice	
Reference No. & Date.	Other References
	Credit
Buyer's Order No.	Dated
95594	29-Jan-22
Dispatch Doc No.	Delivery Note Date
Invoice	7-Jan-23
Dispatched through	Destination
Self	Soham Mansion

SI No.	Description of Goods and Services	HS	SN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	600mm Rcc Cover Round	Output CGST	10	18 %	2 No:	2,500.00	No:	20 %	360.00
	SO PRODU	Output SGST							360.0
		. At a							
		Total			2 No:				₹ 4,720.00

Amount Chargeable (in words)

E. & O.E

Indian Rupees Four Thousand Seven Hundred Twenty Only

HSN/SAC	Taxable	Cen	tral Tax	Sta	ate Tax	Total
A	Value	Rate	Amount	Rate	Amount	Tax Amount
6810 9965 99	4,000.00	9% 9% 14%	360.00	9% 9% 14%	360.00	720.00
Total	4,000.00		360.00		360.00	720.00

Tax Amount (in words): Indian Rupees Seven Hundred Twenty Only

Company's PAN

: ACWPG4864A

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

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)

Invoice No. Dated PS/22-23/1010 7-Jan-23 **Delivery Note** Invoice Other References Reference No. & Date. Credit Buyer's Order No. Dated 95594 29-Jan-22 Dispatch Doc No. Delivery Note Date Invoice 7-Jan-23 Dispatched through Destination Self **Soham Mansion**

Secunderabad		
State Name	: Telangana, Code : 3	6

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

Soham Mansion Owners Association

SI No.		HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	600mm Rcc Cover Round	6810	18 %	2 No:	2,500.00	No:	20 %	4,000.00
	Outpu Outpu	t CGST t SGST						360.00 360.00
	Inward No: 9	39 Du Ulo	129					
	Received By:	390						
	MODI	PROPIRTIES						
			SPE					

Amount Chargeable (in words)

E. & O.E

Indian Rupees Four Thousand Seven Hundred Twenty Only

HSN/SAC	Taxable	Cen	tral Tax	Sta	ite Tax	Total
interest in the second	Value	Rate	Amount	Rate	Amount	Tax Amount
6810 9965	4,000.00	9% 9% 14%	360.00	9% 9% 14%	360.00	720.00
99 Total	4,000.00	-	360.00	1470	360.00	720.00

Tax Amount (in words): Indian Rupees Seven Hundred Twenty 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) P Of 1

29-12-2022 15:14:35

From Company: Soham Mansion Owners Association

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

GST No.:

27.12.22 3:28:17

Supplier Details					
Praful Sanitary		Doc No	95594	198130	
3-6-138/5, Himayat Nagar,	lyderabad.	Doc Date	29-12-2022		
		Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	27-12-2022 Supply		
65526886.	9849624797	SupplyType			
65526886.	9849624797		Supply		

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 211400 - BUIL-Building Material - RCC-Round Manhole-20T - 700DMM-cover & 900DMM-frame - Nos	2.00	2,500.00	20.00	18.00	4,720.00
1		Total Or	der Value	e	4,720.00

Terms and Conditions :-

Specification /

All items shall be of brand/company

Payment Terms

After Delivery & Production of bill

Tax

All taxes included in above price.

Delivery Date

Next Day.

Delivery Location

Soham Mansion

5-4-187/3&4, MG Road, Ranigunj, Secunderbad

Phone. 040-66335551

Penality For Delay Nil

Transportation

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for soham mansion passage drinage purpose.

Completion Date

NA

Measurment

Nil Nil

Security 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 Soham Mansion Owners Association

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Date : __/__/___

Sign & Date:	Approved By:	Prepared By: meens	Engineer		Remarks: Abov	10	9	8.	7	0	~	4	54	EUII	S No Item	before date: URG	Supplier	Unit No./Block No.	Site & Phase: SOH	Company Name: SMOA	Requisition Form
		meenakshi, N	CCT		Above order for soham masion passage drinage purpose.					Plant to		25	(0) 2500 +20% D	BUIL 2114-Building Material-RCC-Round Manhole-20T-700DMM-cover & 900DMM-frame-Nos		URGENT			SOHAM MANSION	×	
			Manager												required	D No.	Reg No.		Time	Date	
								on d							at site	~	198130			27-12-2022	一年 一
MANAG	To You		APPRO												Order Qty Inward No Inward Date						
MANAGING DIRECTOR	TO DEC COL	ברה מפרים	APPROVED BY	5											Inward Dusc						