

PURCHASE DIVISION
Advice for approval for credit to supplier

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Date:		08/02/23		Prepared by	Kalpang	Serial no.	14301
Supplier name		vivid world		HO inward no.			
Firm/Company		AMTZ MSPG		Project	HO	HO received date	
PO/WO date		08/02/23		PO/WO No.	96954	Scan ID.	

Sl no.	Bill no.	Bill date	Bill amount	Original attached
1.	2539	02/02/23	271/-	☒ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

Amount A – Bills total (Excluding Transport & Hamali Charges):		271/-
Proof of delivery by way of: ☐ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report		
MRN nos.:	117185	Proof of delivery matches MRN ☒ Yes ☐ No
Amount B – Other Credits : Transportation charges		-
Amount C – Other Debits :		-
Amount D (D=A+B-C) – Amount to be credited to the supplier:		271/-
Amount E – PO / WO value:		271/-
Amount F – Difference (A – E):		-
Quantity received as per PO / WO		☐ Yes ☐ Excess received ☐ Short received ☐ Part received
Close PO / WO		☒ Yes ☐ No – wait for balance material ☐ Other
Payment – due date		13/02/23
Remarks: final Bill		

Approved by	Purchase Officer	Purchase Manager	M D	Accountant	Accounts Manager
Name:	Kalpang				
Sign:		09 FEB 2023			
Date	08/02/23	MINISH PARIKH			
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.

A Complete Solution for all your cartridge needs

GSTIN : 36AVTPS1528D1ZB

Invoice No. : 2539			Transport Mode :
Invoice Date : 02 /02/2023			Vehicle Number :
Reverse Charge (Y/N) :			Date of Supply :
State : TELANGANA	Code	36	

Ship to Party

GATE PASS NO:6748

GSTIN :

Co
de

Code

INWARD

Inward No: 877 Date: 2/12/85

MRN No: 117/85 By: [Signature]

Received By: [Signature]

PROPERTIES

ADD:CGST 9%	20.70
ADD: SGST 9%	20.70
Total Amount After Tax	271.40

Certified that the particulars given above are true and correct

For VIVID WORLD

Authorized Signatory

Common Sea

No: 165385

Dente: 81217

Class _____

Sign: _____

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MA. DIS

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Purchase Order

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08-02-2023 16:04:08

From Company : **AMTZ Medpolis Square PVT Ltd**
5-4-187/3&4, IInd floor, soham mansion, M G Road, Ranigunj, Hyde
G S T No. : 36AAXCA51591ZV

**Supplier Details**

Vivid World
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB
6682-3161/ 6682-3171 92462-15868

Doc No	96954	203240
Doc Date	08-02-2023	
Quote No	NIL	
Quote Date	02-02-2023	
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
Total Order Value . . .					271.40

Rupees : Two Hundred Seventy One and Paise Fourty Only.

Terms and Conditions :-**Specification / Brand** 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

Penalty For Delay Nil**Transportation Cost** 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**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 invoices must be sent to HO office or purchase site office. Proof of delivery /DC can be sent by email.

For **AMTZ Medpolis Square PVT Ltd**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Vivid World**

Name : _____

Date : __/__/__

Requisition Form													
Company Name:		AMTZZ Medpolis Square Pvt Ltd		Date:		2023-02-02							
Site & Phase :		HO		Time:									
Unit No./Block No.													
Supplier:				Req. No.		203240							
Material required before date:				ID No.		84105							
S No		Item		Qty required		Qty available at site		Order Qty		Inward No		Inward Date	
1		COMP3485-Peripherals-Laser Toner-Refilling-HP-12A-Nos		1		0		1					
2													
3													
4													
5													
6													
7													
8													
9													
10													
Remarks:		This is for HO											
Prepared By:		Engineer		Project Manager								MD	
Approved By:		Suneel											
Sign & Date:													

APPROVED

09 FEB 2023

MINISH PARIKH

MANAGER PROCUREMENT