## PURCHASE DIVISION Adv

Date:

Supplier name

Firm/Company

vice for approva	I for credit to sup	oplier	
ared by	Isha gyott	Serial no.	15210
ary		HO inward no.	
	SHLLP	HO received date	
VO No.	97055	Scan ID.	
Bill da	ate	Bill amount	Original attached
21/02	23	2,444	Yes 🗆 No
		/	□ Yes □ No

	2716		STIL	1		
PO/WO date	10/02/23	PO/WO No.	9705	Scan ID.		
Sl no.	Bill no.	Bill	date	Bill amoun	t	Original attached
1.	2-28   118	6 21/0	2/23	2.4441		Yes 🗆 No
2.			~   ~ -	/		□ Yes □ No
3.						□ Yes □ No
4.						□ Yes □ No
Amount A – Bills	total (Excluding Tran	sport & Hamali Char	ges):	l	2,41	44/-
Proof of delivery	by way of: □ DCs/bill	☐ Steel report ☐ RM	C pour repo	rt 🗆 Solid block re	port 🗆 Inst	tallation report
MRN				Proof of delivery		Yes 🗆 No
nos.:	117789			matches MRN		dies dino
Amount B -Other	Credits: Transportati	on charges				
Amount C -Other	Debits:				2	
Amount D (D=A+	B-C) – Amount to be	credited to the supplie	er:		9.1	444/-
Amount E – PO /	WO value:	-			a	067/-
Amount F – Diffe	rence (A – E):				71	100
Quantity received	as per PO/WO	Yes 🗆	Excess receiv	ved □ Short receive	d - Part re	eceived
Close PO / WO		- Van 5	No wait for	- h-1	Od	
		o les u	No – wait 10	r balance material	Other	
Payment – due da	te	06	108/	28		
Remarks:		Fi	nal b	:11		
			,	,		
Approved by	Purchase Officer	Purchase	M D	Accou	ntant	Accounts
Name:	Asha yothi	APPROVED				Manager
Sign:	All	2 8 FEB 2023		12		
Date	738	70170 2020			-	
	28 02/23	MINISH PARIKH				
Approval limit	Upto 20k	Above 200 CUREM	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.

## **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)

**Summit Sales LLP** 

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

Secunderabad

GSTIN/UIN 36ACQFS2044C1Z7 State Name Telangana, Code: 36

Invoice No.	Dated
PS/22-23/1186	21-Feb-23
Delivery Note	
Invoice	
Reference No. & Date.	Other References
	Credit
Buyer's Order No.	Dated
97055	10-Feb-23
Dispatch Doc No.	Delivery Note Date
Invoice	21-Feb-23
Dispatched through	Destination
Self	Cherlapally

Description of	HSN/SAC	GST	Quantity	Rate	per	Disc. %	Amount
Goods and Services		Rate					
75mm Pvc 45* Bend	3917	18 %	45 No:	115.06	No:	60 %	2,071.0
Output SG	ST			an.			186.4 186.4 0.1
COPERTIES OF THE STATE OF THE S							
	9		2				
Т	otal		4E No:				₹ 2,444.00
	75mm Pvc 45* Bend  Output CG Output SG ROUNDING CO  No. SCAR Date 2-1-12-12-12 Sign	Goods and Services 75mm Pvc 45* Bend 3917	Goods and Services  75mm Pvc 45* Bend  3917  18 %  Output CGST Output SGST ROUNDING OFF	Goods and Services  75mm Pvc 45* Bend  3917  18 %  45 No:  Output CGST Output SGST ROUNDING OFF  NAMED  Output SGST ROUNDING OFF	Goods and Services  75mm Pvc 45* Bend  3917  18 %  45 No: 115.06  Output CGST Output SGST ROUNDING OFF	Goods and Services  75mm Pvc 45* Bend  3917  18 %  45 No: 115.06 No: 115.06 No:	Goods and Services  75mm Pvc 45* Bend  Output CGST Output SGST ROUNDING OFF  Over 15 to 15

Indian Rupees Two Thousand Four Hundred Forty Four Only

HSN/SAC Taxable Central Tax State Tax Total Rate Rate Value Amount Amount Tax Amount 3917 2,071.08 9% 186.40 9% 186.40 372.80 9965 9% 9% 99 14% 14% Total 2,071.08 186.40 186.40 372.80

Tax Amount (in words): Indian Rupees Three Hundred Seventy Two and Eighty paise 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

10-02-2023 16:32:35



From Company: Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Supplier Details				
Praful Sanitary		Doc No	97055	170822
3-6-138/5, Himayat Nagar, Hy	/derabad.	Doc Date	10-02-2023	3
		Quote No	nil	
GSTIN 36ACWPG864A1ZG	40077300	<b>Quote Date</b>	08-02-2023	1
65526886.	9849624797	SupplyType	Supply	

## Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 656900 - PLUM-Plumbing - PVC-SWR-Double socket Pipe 75x1200mm - Length	20.00	352.00	60.00	18.00	3,322.88
2 685300 - PLUM-Plumbing - PVC-SWR-Double socket Pipe- 75x600 - Length	20.00	203.90	60.00	18.00	1,924.82
3 184200 - PLUM-Plumbing - PVC-SWR-Door Bend 75mmx45° - Nos	45.00	115.06	60.00	18.00	2,443.87
4 890700 - PLUM-Plumbing - PVC-Rigid Coupling 50mm - Nos	50.00	58.30	60.00	18.00	1,375.88
	ļ.	Total Or	der Value		9 067 45

Rupees: Nine Thousand Sixty Seven and Paise Fourty Five Only.

site.Original invoice must be

Terms and Condit			PART DI	LIVERY DET	TAILS
Specification /	All items shall be of 'Sudhakar' brand/compan	S.no.	Bill no.	Bill Dt.	Amount
Payment Terms	After Delivery & Production of bill	1.	117	11 / 1	
Tax	All taxes included in above price.		1170	16/02/23	6,626/
Delivery Date	Next Working Day.	2.			/
Delivery Location	Summit Housing LLP	3.			
	Cherlapally,Behind Kingston PG college, Hyde	rabad			
	Phone. 9618244433, Hamendra	5.			1
Penality For Delay	Nil				,
Transportation	Transport cost shall be borne by us.		Ra	1. 2, 4u/	
Warranty	Nil				_
Advance Paid	nil				
Other Terms	We reserve the right to reject items not conform	ning to qu	ality and specificat	ions.Above order fo	or Stock replenishing
Completion Date	purpose. NA				
Measurment	Nil				

For Summit Sales LLP

Accepted the above Terms And Conditions

Authorised Signatory For Praful Sanitary

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

Original invoice +copy of proof of delivery is required to process invoice for payment .DO NOT send original invoice to

Name :

Security

Remarks

				MANAGING DIRECTOR			[
						Sign & Date:	Sign
				0.0 EER 203	Minish	Approved By:	Appr
				APPROVED BY	M.Asha jyothi	Prepared By:	Prepa
MD	Purchase	d	Project Manager	E	Engineer		
					For Stock Replenishing purpose	arks:	Remarks:
							10
							9
							000
							7
							6
				9			S
	50	0	50	-50mm-Nos	PLUM8907-Plumbing-PVC-Rigid Coupling50mm-Nos	890)	4
	45	22	45~	d75mmx45°-Nos	PLUM9483-Plumbing-PVC SWR-Door Bend75mnx45°-Nos	(mg)	u
	20	24	20	ocket Pipe75x600-Nos	(85) PLUM6023-Plumbing-PVC SWR-Double socket Pipe75x600-Nos	(88)	2
	20	32	20	cket Pipe75x1200mm-Nos	PLUM1677-Plumbing-PVC SWR-Double socket Pipe75x1200min-Nos	(600-	-
Inward No   Inward Date	Order Qty Inward No	Qty available at site	Qty required	550tb 200	Item		S No
		84218	ID No.			Material required before date:	Mate befor
	-	170822	Req. No.			olier:	Supplier:
						Unit No./Block No.	Unit
		11:00:00	Time:		SHLLP	Site & Phase:	Site &
		08.02.2023	Date:		SSLLP	Company Name:	Comj
						Requisition Form	Requ