

PURCHASE DIVISION  
Advice for approval for credit to supplier

②

|                                                                                                                                                                                                                                        |                  |                               |            |                                                                                                                                                                 |                  |                                                                     |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------|-------|
| Date:                                                                                                                                                                                                                                  |                  | 14/03/23                      |            | Prepared by                                                                                                                                                     | Venkatess        | Serial no.                                                          | 15781 |
| Supplier name                                                                                                                                                                                                                          |                  | Kofhari Fire Safety Equipment |            | HO inward no.                                                                                                                                                   |                  |                                                                     |       |
| Firm/Company                                                                                                                                                                                                                           |                  | MRMLP                         |            | Project                                                                                                                                                         | GMR              | HO received date                                                    |       |
| PO/WO date                                                                                                                                                                                                                             |                  | 10/02/23                      |            | PO/WO No.                                                                                                                                                       | 97018            | Scan ID.                                                            |       |
| Sl no.                                                                                                                                                                                                                                 | Bill no.         |                               | Bill date  |                                                                                                                                                                 | Bill amount      | Original attached                                                   |       |
| 1.                                                                                                                                                                                                                                     | 1634             |                               | 09/03/23   |                                                                                                                                                                 | 22656.00         | <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):                                                                                                                                                                         |                  |                               |            |                                                                                                                                                                 |                  | 22656.00                                                            |       |
| 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.:                                                                                                                                                                                                                              | 118266           |                               |            | 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:                                                                                                                                                                            |                  |                               |            |                                                                                                                                                                 |                  | 22656.00                                                            |       |
| Amount E – PO / WO value:                                                                                                                                                                                                              |                  |                               |            |                                                                                                                                                                 |                  | 231103.00                                                           |       |
| Amount F – Difference (A – E):                                                                                                                                                                                                         |                  |                               |            |                                                                                                                                                                 |                  | 208447.00                                                           |       |
| Quantity received as per PO /WO                                                                                                                                                                                                        |                  |                               |            | <input type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input checked="" type="checkbox"/> Part received |                  |                                                                     |       |
| Close PO / WO                                                                                                                                                                                                                          |                  |                               |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |                  |                                                                     |       |
| Payment – due date                                                                                                                                                                                                                     |                  |                               |            | 20/02/23                                                                                                                                                        |                  |                                                                     |       |
| Remarks: Part Bju                                                                                                                                                                                                                      |                  |                               |            |                                                                                                                                                                 |                  |                                                                     |       |
|                                                                                                                                                                                                                                        |                  |                               |            |                                                                                                                                                                 |                  |                                                                     |       |
| Approved by                                                                                                                                                                                                                            | Purchase Officer | Purchase Manager              | M D        | Accountant                                                                                                                                                      | Accounts Manager |                                                                     |       |
| Name:                                                                                                                                                                                                                                  |                  | V. Venkateshwarlu             |            |                                                                                                                                                                 |                  |                                                                     |       |
| Sign:                                                                                                                                                                                                                                  |                  |                               |            |                                                                                                                                                                 |                  |                                                                     |       |
| Date                                                                                                                                                                                                                                   |                  |                               |            |                                                                                                                                                                 |                  |                                                                     |       |
| 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.

# Tax Invoice

**KOTHARI FIRE SAFETY EQUIPMENT**  
Shop No 8,D No 5/5/64 SA Trade Centre  
Ranigunj  
Secundrabad-500003  
Phone No.040-66335959 / 66335969  
GSTIN/UIN: 36ATDPK0172B1Z9  
State Name : Telangana, Code : 36  
E-Mail : [accounts@kotharifire.com](mailto:accounts@kotharifire.com)

Invoice No.

HO/1634

### Delivery Note

Dated

9-Mar-23

Mode/Terms of Payment

30 Days

### Other References

Buyer's Order No.

97018

Dispatch Doc No.

Dated

10-Feb-23

Delivery Note Date

Dispatched through

Auto

### Terms of Delivery

Destination

Nacharam

Consignee (Ship to)

**Modi Reality Mallapur LLP**

Gulmohar Residency

Mallapur

Hyderabad

GSTIN/UIN : 36AAEFM1459R1ZP

State Name : Telangana, Code : 36

Buyer (Bill to)

**Modi Reality Mallapur LLP**

5-4-187/3&3, II Floor, Soham Mansion, MG Road

## Secunderabad

GSTIN/UIN : 36AAEFM1459R1ZP

State Name : Telangana, Code : 36

| SI No. | Description of Goods | HSN/SAC  | Quantity | Rate     | per | Disc. % | Amount      |
|--------|----------------------|----------|----------|----------|-----|---------|-------------|
| 1      | Single Door Hose Box | 84241000 | 16 nos   | 1,200.00 | nos |         | 19,200.00   |
|        | CGST                 |          |          |          |     |         | 1,728.00    |
|        | SGST                 |          |          |          |     |         | 1,728.00    |
| Total  |                      |          | 16 nos   |          |     |         | ₹ 22,656.00 |

Received By  
M. Shekar  
000978917  
*M. Shekar*

Total

16 nos

₹ 22,656.00

Amount Chargeable (in words)

E. & O.E

**INR Twenty Two Thousand Six Hundred Fifty Six Only**

| HSN/SAC      | Taxable Value    | Central Tax |                 | State Tax |                 | Total Tax Amount |
|--------------|------------------|-------------|-----------------|-----------|-----------------|------------------|
|              |                  | Rate        | Amount          | Rate      | Amount          |                  |
| 84241000     | 19,200.00        | 9%          | 1,728.00        | 9%        | 1,728.00        | 3,456.00         |
| <b>Total</b> | <b>19,200.00</b> |             | <b>1,728.00</b> |           | <b>1,728.00</b> | <b>3,456.00</b>  |

Tax Amount (in words) : **INR Three Thousand Four Hundred Fifty Six Only**

## Declaration

There will be charge 2% Penal Intrest after due days for every Month.

for KOTHARI FIRE SAFETY EQUIPMENT

Authorised Signatory

This is a Computer Generated Invoice



Modi Reality Mallapur LLP  
5-4-187/3&3, II Floor, Soham Mansion, MG Road  
Secunderabad  
GSTIN/UIN : 36AAEFM1459R1ZP  
State Name : Telangana, Code : 36

Destination  
Nacharam

This is a Computer Generated Invoice

**Purchase Order**

From Company : **Modi Reality Mallapur LLP**  
5-4-187/3&3, II nd floor, Soham Mansion, MG Road, Secunderabad.  
G S T No. : 36AAEFM1459R1ZP

**Supplier Details**

Kothari Fire Safety Equipments  
S.No. 11, 2nd Floor, S.A.Trade Complex, Above Bombay Hotel, Ranigunj  
X Road, Secunderabd-500 003.

**GSTIN** 36ATDPK0172B1Z9

66335959/66335969

9966050000/9290806798

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 97018      | 208924 |
| <b>Doc Date</b>   | 10-02-2023 |        |
| <b>Quote No</b>   | nil        |        |
| <b>Quote Date</b> | 09-02-2023 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr. Prabhu Kothari.**

Purchase Order for the Supply of following Items.

| Item Name                                                                       | Qty   | Rate     | Dis% | GST   | Amount            |
|---------------------------------------------------------------------------------|-------|----------|------|-------|-------------------|
| 1 246500 - MISC-Miscellaneous - SS Hydrant Valve-- - 63DMM - Nos                | 16.00 | 3,600.00 | 0.00 | 18.00 | 67,968.00         |
| 2 390000 - MISC-Miscellaneous - Hose Box-Single Door- - - - Nos                 | 16.00 | 1,200.00 | 0.00 | 18.00 | 22,656.00         |
| 3 623800 - MISC-Miscellaneous - RRL type A Hose pipe-- - 63DMM - Nos            | 16.00 | 2,900.00 | 0.00 | 18.00 | 54,752.00         |
| 4 351700 - MISC-Miscellaneous - Hose real with drum-- - 30mtrs - Nos<br>36 mtrs | 16.00 | 3,900.00 | 0.00 | 18.00 | 73,632.00         |
| 5 738500 - STEL-Steel - MS Hose Nozzle-- - 20DX100LMM - Nos                     | 25.00 | 350.00   | 0.00 | 18.00 | 10,325.00         |
| 6 475200 - HARD-Hardware - GI Hose Clamp-Heavy Duty- - 20DMM - Nos              | 50.00 | 30.00    | 0.00 | 18.00 | 1,770.00          |
| <b>Total Order Value . . .</b>                                                  |       |          |      |       | <b>231,103.00</b> |

Rupees : Two Lakh(s) Thirty One Thousand One Hundred Three Only.

**Terms and Conditions :-**

**Specification /** As per details given in the quotation.

**Payment Terms** 100% Advance

**Tax** Extra at actual as per GST

**Delivery Date** 2 to 3 Weeks

**Delivery Location** Gulmohar Residency

Survey No 19, Mallapur, Hyderabad. NExt to NFC Railway Over Bridge

Phone. Contact: Security \_\_\_\_\_, 8309938138

**Penalty For Delay** Nil

**Transportation** Extra

**Warranty** One year warranty

**Advance Paid** Rs.2,31,103/- by cheque....

**Other Terms** We reserve the right to reject items not conforming items quality and specifications.Above order for C-Block fire equipment fitting work purpose.

For **Modi Reality Mallapur LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Kothari Fire Safety Equipments**

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

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

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

Contact :-

| PART DELIVERY DETAILS |          |          |        |
|-----------------------|----------|----------|--------|
| S.no.                 | Bill no. | Bill Dt. | Amount |
| 1.                    | 1634     | 9/03/23  | 22656  |
| 2.                    |          |          |        |
| 3.                    |          |          |        |
| 4.                    |          |          |        |
| 5.                    |          |          |        |

## Purchase Order

Original / Office Copy / Purchase Div. Copy

Page(s) 2 Of 2

20-02-2023 3:25:20 PM

Completion Date NA

Measurement 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 invoice must be sent to HQ Office or Purchase site office. Proof of delivery/DC can be sent by email

For **Modi Reality Mallapur LLP**

Authorised Signatory

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

Contact : -

Accepted the above Terms And Conditions

For **Kothari Fire Safety Equipments**

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

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



# Estimate/Draft PO

Page(s) 1 Of 2

10-02-2023 2:18:59 PM

01



97018

08.02.23 3:15:06

From Company : **Modi Reality Mallapur LLP**  
5-4-187/3&3, II nd floor, Soham Mansion, MG Road, Secunderabad.  
G S T No. : 36AAEFM1459R1ZP

## Supplier Details

Kothari Fire Safety Equipments  
S.No. 11, 2nd Floor, S.A.Trade Complex, Above Bombay Hotel, Ranigunj  
X Road, Secunderabd-500 003.

**GSTIN** 36ATDPK0172B1Z9

66335959/66335969

9966050000/9290806798

|            |            |        |
|------------|------------|--------|
| Doc No     | 97018      | 208924 |
| Doc Date   | 10-02-2023 |        |
| Quote No   | nil        |        |
| Quote Date | 09-02-2023 |        |
| SupplyType | Supply     |        |

**Kind Attn : Mr. Prabhu Kothari.**

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**Other Terms** We reserve the right to reject items not conforming items quality and specifications.Above order for C-Block fire  
equipment fitting work purpose.

For **Modi Reality Mallapur LLP**

Authorised Signatory

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

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

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

**For MDs APPROVAL**

- ☒ High Value/quantity beyond limits.
- ☐ Po/Req. processed-post approval.
- ☐ Approval for technical details/clarification
- ☐ Replenishing SLLP stock
- ☐ Other

**APPROVED BY**  
**11 FEB 2023**  
**SOHAM MODI**  
**MANAGING DIRECTOR**

Accepted the above Terms And Conditions

For **Kothari Fire Safety Equipments**