

Form for closure of purchase order

|                                                                                                                                                                                                                                     |                                                                                              |                                                                                    |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| PO no.: <u>92723</u>                                                                                                                                                                                                                | PO date: <u>10-10-22</u>                                                                     | Req. no.: <u>170263</u>                                                            | Advice Scan ID                                                                  |
| Barcoded PO available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N                                                                                                                                             | Invoice original available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N | Copy available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N   | POD available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N |
| <b>Data required from site/engineers:</b>                                                                                                                                                                                           |                                                                                              |                                                                                    |                                                                                 |
| MRN nos. related to PO <u>NIL</u>                                                                                                                                                                                                   |                                                                                              |                                                                                    |                                                                                 |
| <input type="checkbox"/> Part material received.                                                                                                                                                                                    |                                                                                              | <input type="checkbox"/> Full material received.                                   |                                                                                 |
| <input checked="" type="checkbox"/> Material not received.                                                                                                                                                                          |                                                                                              |                                                                                    |                                                                                 |
| <input type="checkbox"/> Close PO – Balance material will be re-ordered by new requisition.                                                                                                                                         |                                                                                              |                                                                                    |                                                                                 |
| <input checked="" type="checkbox"/> Cancel PO. Material not required.                                                                                                                                                               |                                                                                              | <input type="checkbox"/> Cancel PO. Material will be re-ordered by new requisition |                                                                                 |
| <input type="checkbox"/> Keep PO open. Material required.                                                                                                                                                                           |                                                                                              | <input type="checkbox"/> Keep PO open. Work under progress.                        |                                                                                 |
| Remarks by engineer:                                                                                                                                                                                                                |                                                                                              |                                                                                    |                                                                                 |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide scanned copy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be scanned and sent to Ravi. |                                                                                              |                                                                                    |                                                                                 |
| Prepared by:                                                                                                                                                                                                                        |                                                                                              | Sign:                                                                              | Date:                                                                           |
| <b>Data required from accounts:</b>                                                                                                                                                                                                 |                                                                                              |                                                                                    |                                                                                 |
| <input type="checkbox"/> Checked with E&D for receipt of bills.                                                                                                                                                                     |                                                                                              |                                                                                    |                                                                                 |
| <input checked="" type="checkbox"/> Bills not received against this PO.                                                                                                                                                             |                                                                                              | <input type="checkbox"/> Part bill received against this PO.                       |                                                                                 |
| <input type="checkbox"/> All bills received against this PO.                                                                                                                                                                        |                                                                                              |                                                                                    |                                                                                 |
| <input type="checkbox"/> Advance paid against this PO                                                                                                                                                                               |                                                                                              | Amount paid:                                                                       | Date of payment:                                                                |
| <b>Details of part bill received:</b>                                                                                                                                                                                               |                                                                                              |                                                                                    |                                                                                 |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                          | Cr. given to supplier                                                           |
| 1.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                              |                                                                                    |                                                                                 |
| Prepared by: <u>D. Lavang</u>                                                                                                                                                                                                       |                                                                                              | Sign: <u>[Signature]</u>                                                           | Date: <u>14/8/23</u>                                                            |
| Notes: 1. POs/WOs issued for turnkey works - may have been processed by E&D. Check before filling the above.                                                                                                                        |                                                                                              |                                                                                    |                                                                                 |
| Prepared by:                                                                                                                                                                                                                        |                                                                                              | Sign:                                                                              | Date:                                                                           |
| <b>Remarks by Ravi + details of bills to be approved:</b>                                                                                                                                                                           |                                                                                              |                                                                                    |                                                                                 |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                          | Bill amount                                                                     |
| 1.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| Remarks: <u>Cancel this P.O</u>                                                                                                                                                                                                     |                                                                                              |                                                                                    |                                                                                 |
| Prepared by: Ravi                                                                                                                                                                                                                   |                                                                                              | Sign: <u>[Signature]</u>                                                           | Date: <u>15/08/23</u>                                                           |
| <b>Advice by MD - action to be taken.</b>                                                                                                                                                                                           |                                                                                              |                                                                                    |                                                                                 |
| <input type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                           |                                                                                              | <input type="checkbox"/> Prepare bill in SSSLP for material supplied.              |                                                                                 |
| <input type="checkbox"/> Thereafter, prepare advice for credit to supplier and send to Soham for processing.                                                                                                                        |                                                                                              |                                                                                    |                                                                                 |
| <input checked="" type="checkbox"/> Close PO                                                                                                                                                                                        |                                                                                              | <input type="checkbox"/> Keep PO open. Material awaited                            |                                                                                 |
| <input type="checkbox"/> Accounts to be reconciled with supplier. Get supplier's ledger.                                                                                                                                            |                                                                                              |                                                                                    |                                                                                 |
| Remarks:                                                                                                                                                                                                                            |                                                                                              |                                                                                    |                                                                                 |
| Approved by: Soham                                                                                                                                                                                                                  |                                                                                              | Sign:                                                                              | Date:                                                                           |

**APPROVED BY**  
16/08/23  
**SOHAM MODI**  
**MANAGING DIRECTOR**

**Estimate / Draft PO**

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10-10-2022 11:12:28

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



| Supplier Details                                                                                                                                                                         |            |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|--------|
| Ganji Venkannah & sons (Asian Paints)<br>#5-5-97/2, Ganji chambers, Ranigunj, Secunderabad-500003 A.P. India.<br><br>GSTIN 36AABFG9288K1ZT 040-40146505<br>27710339, 27719935, 277807357 | Doc No     | 92723      | 170263 |
|                                                                                                                                                                                          | Doc Date   | 10-10-2022 |        |
|                                                                                                                                                                                          | Quote No   | Nil        |        |
|                                                                                                                                                                                          | Quote Date | 10-10-2022 |        |
|                                                                                                                                                                                          | SupplyType | Supply     |        |

**Kind Attn : Mr. Ganji Ashok**

Estimate/Draft PO for the Supply of following Items.

| Item Name                                                                                              | Qty   | Rate     | Dis% | GST   | Amount           |
|--------------------------------------------------------------------------------------------------------|-------|----------|------|-------|------------------|
| 1 326700 - PAIE-Paints - Internal Emulsion-Day break- Asian Tractor Smooth - 20Ltrs - can<br>Code-0942 | 10.00 | 1,939.83 | 0.00 | 18.00 | 22,889.99        |
| 2 198600 - PAEE-Paints - External Emulsion-White-Asian ACE - 20ltr - Nos                               | 10.00 | 2,517.79 | 0.00 | 18.00 | 29,709.92        |
| 3 352000 - PAOX-Paints - Red Oxide--Asian - 1Kg - bags                                                 | 10.00 | 67.79    | 0.00 | 18.00 | 799.92           |
| Total Order Value . . .                                                                                |       |          |      |       | <b>53,399.84</b> |

Rupees : Fifty Three Thousand Three Hundred Ninty Nine and Paise Eighty Four Only.

**Terms and Conditions :-****Specification / Brand** All items shall be of Asian brand/company**Payment Terms** After Delivery & Production of bill**Tax** Inclusive of all taxes**Delivery Date** Next Working Day.

**Delivery Location** Summit Housing LLP  
Cherlapally, Behind Kingston PG college, Hyderabad  
Phone. 9618244433, Hamendra

**Penalty For Delay** Nil**Transportation Cost** Transport cost shall be borne by us.**Warranty** Nil**Advance Paid** NA**Other Terms** We reserve the right to reject items not conforming to quality and specifications. For Stock Replenishing Purpose.**Completion Date** NA**Measurment** NA**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 b**For MDs APPROVAL**

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

For **Summit Sales LLP**

Authorised Signatory

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

Accepted the above Terms And Conditions

For **Ganji Venkannah & sons (Asian Paints)**

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

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



| Requisition Form               |                                                                                              |                                 |                       |           |           |             |  |    |  |
|--------------------------------|----------------------------------------------------------------------------------------------|---------------------------------|-----------------------|-----------|-----------|-------------|--|----|--|
| Company Name:                  |                                                                                              | SSLLP                           |                       | Date:     |           | 30.09.2022  |  |    |  |
| Site & Phase:                  |                                                                                              | SHLLP                           |                       | Time:     |           | 12:00       |  |    |  |
| Supplier:                      |                                                                                              |                                 |                       | Req. No.  |           | 170263      |  |    |  |
| Material required before date: |                                                                                              |                                 |                       | ID No.    |           | 80313       |  |    |  |
| S No                           | Item                                                                                         | Qty required                    | Qty available at site | Order Qty | Inward No | Inward Date |  |    |  |
| 1                              | code<br>PAIE3267-Paints -Internal Emulsion-Day break- Asian Tractor Smooth Finish-20Ltrs-can | 10                              | 26                    | 10        |           |             |  |    |  |
| 2                              | PAEE1986-Paints -External Emulsion-White-Asian ACE-20ltr -Nos                                | 10                              | 2                     | 10        |           |             |  |    |  |
| 3                              | PAOX3520-Paints -Red Oxide-Asian-1Kg-bags - 80/inner } 92323                                 | 10                              | 34                    | 10        |           |             |  |    |  |
| 4                              |                                                                                              |                                 |                       |           |           |             |  |    |  |
| 5                              |                                                                                              |                                 |                       |           |           |             |  |    |  |
| 6                              |                                                                                              |                                 |                       |           |           |             |  |    |  |
| 7                              |                                                                                              |                                 |                       |           |           |             |  |    |  |
| 8                              |                                                                                              |                                 |                       |           |           |             |  |    |  |
| 9                              |                                                                                              |                                 |                       |           |           |             |  |    |  |
| 10                             |                                                                                              |                                 |                       |           |           |             |  |    |  |
| Remarks:                       |                                                                                              | For Stock replenishing purpose. |                       |           |           |             |  |    |  |
|                                |                                                                                              |                                 |                       |           |           |             |  |    |  |
| Engineer                       |                                                                                              | Project Manager                 |                       |           |           |             |  |    |  |
| Prepared By:                   |                                                                                              | Deepa                           |                       | Purchase  |           |             |  | MD |  |
| Approved By:                   |                                                                                              | Prabhakar                       |                       |           |           |             |  |    |  |
| Sign & Date:                   |                                                                                              |                                 |                       |           |           |             |  |    |  |

APPROVED BY  
30 SEP 2022  
SOHAM MODI  
MANAGING DIRECTOR