

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                        |          |                         |  |                                                                                                                                                                 |  |            |                               |                  |             |                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-------------------------------|------------------|-------------|---------------------------------------------------------------------|--|
| Date:                                                                                                                                                                                                                                  |          | 30.03.23                |  | Prepared by                                                                                                                                                     |  | V. RAVI    |                               | Serial no.       |             | 16062                                                               |  |
| Supplier name                                                                                                                                                                                                                          |          | shiv shakti Enterprises |  |                                                                                                                                                                 |  |            |                               | HO inward no.    |             |                                                                     |  |
| Firm/Company                                                                                                                                                                                                                           |          | SRLP                    |  | Project                                                                                                                                                         |  | SHLP       |                               | HO received date |             |                                                                     |  |
| PO/WO date                                                                                                                                                                                                                             |          | 07.02.22                |  | PO/WO No.                                                                                                                                                       |  | 85246      |                               | Scan ID.         |             |                                                                     |  |
| Sl no.                                                                                                                                                                                                                                 | Bill no. |                         |  | Bill date                                                                                                                                                       |  |            | Bill amount                   |                  |             | Original attached                                                   |  |
| 1.                                                                                                                                                                                                                                     | 016      |                         |  | 16.02.22                                                                                                                                                        |  |            | 90,000 - 00                   |                  |             | <input checked="" 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):                                                                                                                                                                         |          |                         |  |                                                                                                                                                                 |  |            |                               |                  | 90,000 - 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.:                                                                                                                                                                                                                              |          | Inward no: 12088 @ GHP  |  |                                                                                                                                                                 |  |            | Proof of delivery matches MRN |                  |             | <input 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:                                                                                                                                                                            |          |                         |  |                                                                                                                                                                 |  |            |                               |                  | 90,000 - 00 |                                                                     |  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |          |                         |  |                                                                                                                                                                 |  |            |                               |                  | 90,000 - 00 |                                                                     |  |
| Amount F – Difference (A – E):                                                                                                                                                                                                         |          |                         |  |                                                                                                                                                                 |  |            |                               |                  | NIL         |                                                                     |  |
| Quantity received as per PO / WO                                                                                                                                                                                                       |          |                         |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Part received |  |            |                               |                  |             |                                                                     |  |
| Close PO / WO                                                                                                                                                                                                                          |          |                         |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |  |            |                               |                  |             |                                                                     |  |
| Payment – due date                                                                                                                                                                                                                     |          |                         |  | 100%. Advance paid.                                                                                                                                             |  |            |                               |                  |             |                                                                     |  |
| Remarks: find bill & close this P.O. (Note:- Original Invoice missing, so certified true copy we are processing now.)                                                                                                                  |          |                         |  |                                                                                                                                                                 |  |            |                               |                  |             |                                                                     |  |
| Approved by                                                                                                                                                                                                                            |          | Purchase Officer        |  | Purchase Manager                                                                                                                                                |  | M D        |                               | Accountant       |             | Accounts Manager                                                    |  |
| Name:                                                                                                                                                                                                                                  |          |                         |  | V. RAVI                                                                                                                                                         |  |            |                               |                  |             |                                                                     |  |
| Sign:                                                                                                                                                                                                                                  |          |                         |  |                                                                              |  |            |                               |                  |             |                                                                     |  |
| Date                                                                                                                                                                                                                                   |          |                         |  | 30.03.23.                                                                                                                                                       |  |            |                               |                  |             |                                                                     |  |
| 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.





## Form for closure of purchase order

|                                                                                                                                                                                                                                     |                                                                                              |                                                                                    |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| PO no.: 85246                                                                                                                                                                                                                       | PO date: 07/02/22                                                                            | Req. no.: 169450                                                                   | Advice Scan ID                                                                  |
| Barcoded PO available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N                                                                                                                                             | Invoice original available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N | Copy available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N   | POD available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N |
| Data required from site/engineers:                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| MRN nos. related to PO                                                                                                                                                                                                              | Inwd No: 12088 dtd 10/02/22                                                                  |                                                                                    |                                                                                 |
| <input type="checkbox"/> Part material received.                                                                                                                                                                                    | <input checked="" type="checkbox"/> Full material received.                                  |                                                                                    | <input type="checkbox"/> Material not received.                                 |
| <input type="checkbox"/> Close PO - Balance material will be re-ordered by new requisition.                                                                                                                                         |                                                                                              |                                                                                    |                                                                                 |
| <input 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: As per the PO 85247 Issued to Site.                                                                                                                                                                            |                                                                                              |                                                                                    |                                                                                 |
| 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: D. Devi                                                                                                                                                                                                                | Sign: D. Devi                                                                                | Date: 29/03/23                                                                     |                                                                                 |
| Data required from accounts:                                                                                                                                                                                                        |                                                                                              |                                                                                    |                                                                                 |
| <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 checked="" type="checkbox"/> Advance paid against this PO 100%                                                                                                                                                               |                                                                                              | <input type="checkbox"/> All bills received against this PO.                       |                                                                                 |
| Amount paid: 80,000/-                                                                                                                                                                                                               |                                                                                              | Date of payment: 08/02/2022                                                        |                                                                                 |
| Details of part bill received:                                                                                                                                                                                                      |                                                                                              |                                                                                    |                                                                                 |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                          | Bill amount                                                                     |
| 1.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                              |                                                                                    |                                                                                 |
| Prepared by: B. Sudhan                                                                                                                                                                                                              | Sign: Sudhan                                                                                 | Date: 29/03/23                                                                     |                                                                                 |
| Notes: 1. POs/WOs issued for turnkey works - may have been processed by E&D. Check before filling the above.                                                                                                                        |                                                                                              |                                                                                    |                                                                                 |
| Prepared by:                                                                                                                                                                                                                        | Sign:                                                                                        | Date:                                                                              |                                                                                 |
| Remarks by Ravi + details of bills to be approved:                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                          | Bill amount                                                                     |
| 1.                                                                                                                                                                                                                                  | 016                                                                                          | 16.02.22                                                                           | 90,000.00                                                                       |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| Remarks: Need MD's approval for enclosed certified true copy.                                                                                                                                                                       |                                                                                              |                                                                                    |                                                                                 |
| Prepared by: Ravi                                                                                                                                                                                                                   | Sign: Ravi                                                                                   | Date: 29.03.23                                                                     |                                                                                 |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                                                              |                                                                                    |                                                                                 |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                |                                                                                              | <input type="checkbox"/> Prepare bill in SSSLP for material supplied.              |                                                                                 |
| <input checked="" 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:                                                                              |                                                                                 |





# Purchase Order

Page(s) 1 Of 1

28-03-2023 12:21:36

Original / Office Copy / Purchase Div.Copy

From Company : **Summit Sales LLP**  
5-4-187/38&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

Shiv Shakti Enterprises  
5-5-51, 109, Mittal Chambers, M.G. Road, Secunderabad.

|            |            |        |
|------------|------------|--------|
| Doc No     | 85246      | 169450 |
| Doc Date   | 07-02-2022 |        |
| Quote No   | NIL        |        |
| Quote Date | 07-02-2022 |        |
| SupplyType | Supply     |        |

GSTIN 0

9160915096

Kind Attn : Mr Piyush

Purchase Order for the Supply of following Items.

| Item Name                            | Qty    | Rate   | Dis% | IGST  | Amount                                   |
|--------------------------------------|--------|--------|------|-------|------------------------------------------|
| 1 3002 - Cement - PPC - 50kgs - bags | 300.00 | 234.38 | 0.00 | 28.00 | 90,000.00                                |
| Rupees : Ninty Thousand Only.        |        |        |      |       | <b>Total Order Value . . . 90,000.00</b> |

**Terms and Conditions :-**

**Specification /** All items shall be of \_\_\_ brand/company

**Payment Terms** 100% as advance & balance

**Tax** All taxes included in above price.

**Delivery Date** Next Day.

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

**Penalty For Delay** Nil

**Transportation** Freight & Insurance included in above price.

**Warranty** Nil

**Advance Paid** RS.90,000/-

**Other Terms** Hammali Charges Rs.5/-Extra.Above order for GHT.

**Completion Date** NA

**Measurment** NA

**Security** Nil

**Remarks** Delivery at Kowkur GHT Contact Person Mr Suresh-9502232100.

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Shiv Shakti Enterprises**

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

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

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

## Tax Invoice

|                                                                                                                                                                                               |                       |                |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------|-----------------------|
| <b>SHIV SHAKTI ENTERPRISES</b><br>5-5-51, 109, MITTAL CHAMBERS,<br>M.G.ROAD, SECUNDERABAD, Hyderabad,<br>GSTIN/UID: 36BVNPB6171N1Z3<br>State Name : Telangana, Code : 36                      | Invoice No.           | e-Way Bill No. | Dated                 |
|                                                                                                                                                                                               | <b>016</b>            |                | <b>16-Feb-22</b>      |
|                                                                                                                                                                                               | Delivery Note         |                | Mode/Terms of Payment |
|                                                                                                                                                                                               | Reference No. & Date. |                | Other References      |
|                                                                                                                                                                                               | Buyer's Order No.     |                | Dated                 |
| Consignee (Ship to)<br><b>SUMMIT SALES LLP</b><br>5-4-187 / 3 AND 4, 3RD FLOOR, SOHAM<br>MANSION, M.G ROAD, SECUNDERABAD,<br>GSTIN/UID : 36ACQFS2044C1Z7<br>State Name : Telangana, Code : 36 | Dispatch Doc No.      |                | Delivery Note Date    |
|                                                                                                                                                                                               | Dispatched through    |                | Destination           |
|                                                                                                                                                                                               | Terms of Delivery     |                |                       |
| Buyer (Bill to)<br><b>SUMMIT SALES LLP</b><br>5-4-187 / 3 AND 4, 3RD FLOOR, SOHAM<br>MANSION, M.G ROAD, SECUNDERABAD,<br>GSTIN/UID : 36ACQFS2044C1Z7<br>State Name : Telangana, Code : 36     |                       |                |                       |

| SI No.       | Description of Goods | HSN/SAC | Quantity | Rate   | per | Amount             |
|--------------|----------------------|---------|----------|--------|-----|--------------------|
| 1            | 2930 - Cement Ppc    | 2930    | 300 BAG  | 234.38 | BAG | 70,312.50          |
|              | <b>CGST-14%</b>      |         |          | 14 %   |     | 9,843.75           |
|              | <b>SGST -14%</b>     |         |          | 14 %   |     | 9,843.75           |
| <b>Total</b> |                      |         |          |        |     | <b>₹ 90,000.00</b> |

Amount Chargeable (in words)

E. &amp; O.E

**INR Ninety Thousand Only**

| HSN/SAC      | Taxable Value    | Central Tax |                 | State Tax |                 | Total Tax Amount |
|--------------|------------------|-------------|-----------------|-----------|-----------------|------------------|
|              |                  | Rate        | Amount          | Rate      | Amount          |                  |
| 2930         | 70,312.50        | 14%         | 9,843.75        | 14%       | 9,843.75        | 19,687.50        |
| <b>Total</b> | <b>70,312.50</b> |             | <b>9,843.75</b> |           | <b>9,843.75</b> | <b>19,687.50</b> |

 Tax Amount (in words) : **INR Nineteen Thousand Six Hundred Eighty Seven and Fifty paise Only**

Company's Bank Details

Bank Name : 01 HDFC BANK LTD-4880

A/c No. : 50200063594880

Branch &amp; IFS Code : RANIGUNJ &amp; HDFC0006186

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for SHIV SHAKTI ENTERPRISES

Authorised Signatory

This is a Computer Generated Invoice

# "TRUE COPY"

Proprietor