

# Form for closure of purchase order

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------|-------------|---------|
| Data required from site/engineers:                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| PO no.:                                                                                                                                                                                                                                    | 20220926008                                                                                                                                                                                                                                                                                                  | PO date:                 | 26/9/22                                                   | Req. no.:   | 18.5302 |
| Advice Scan ID                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| MRN nos. related to PO                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| <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 hardcopy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be sent by way of hard copy to Ashaiya. |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| Prepared by                                                                                                                                                                                                                                | Sign                                                                                                                                                                                                                                                                                                         | Date                     | Project manager                                           | Sign        | Date    |
| K. Tulasani                                                                                                                                                                                                                                | [Signature]                                                                                                                                                                                                                                                                                                  | 1/3/23                   | K. Prashantham                                            | [Signature] | 1/3/23  |
| 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.                                                                                                                                                                                                                                                                          | Bill nos.                |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | All bills received against this PO.                                                                                                                                                                                                                                                                          |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Advance paid against this PO.                                                                                                                                                                                                                                                                                | Amount paid              |                                                           |             |         |
| Remarks by Accountants:                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| Notes: 1. Pos issued for false ceiling and such works may have been processed by E&D. Check before filling the above.                                                                                                                      |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| Prepared by                                                                                                                                                                                                                                | Sign                                                                                                                                                                                                                                                                                                         | Date                     | Accounts manager (approval required for PO more than 10k) | Sign        | Date    |
| P. Ramani                                                                                                                                                                                                                                  | [Signature]                                                                                                                                                                                                                                                                                                  | 28/1/23                  |                                                           |             |         |
| Advice by MD - action to be taken by purchase:                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Get certified bill from supplier (not original).                                                                                                                                                                                                                                                             |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Prepare bill in SLLP for material supplied.                                                                                                                                                                                                                                                                  |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Get proof of delivery from site.                                                                                                                                                                                                                                                                             |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Barcoded PO missing - get certified copy from Accounts.                                                                                                                                                                                                                                                      |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Thereafter, prepare advice to credit to supplier and send to HO for processing.                                                                                                                                                                                                                              |                          |                                                           |             |         |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Close PO                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Keep PO open. Material awaited                            |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Send barcoded PO to MDs desk. PO to be closed thereafter.                                                                                                                                                                                                                                                    |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Accounts to be reconciled with supplier. Suppliers ledger required from 1.4.2021.                                                                                                                                                                                                                            |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Accounts to be reconciled with supplier. Suppliers ledger required from 1.4.2020.                                                                                                                                                                                                                            |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | RMC supplier - suppliers ledger required from 1.4.2020. Process bill after thoroughly checking both the ledgers and all pour reports. Pour reports from day one to be thoroughly checked with Pos/Bills. Thereafter, prepare advice to credit to supplier and send to HO for processing. Close all open POs. |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | E&D to check receipt of bill and enter comments below.                                                                                                                                                                                                                                                       |                          |                                                           |             |         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Details of material supplied and balance material to be supplied is required.                                                                                                                                                                                                                                |                          |                                                           |             |         |
| Remarks:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| CANCEL PO!                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                              |                          |                                                           |             |         |
| Prepared by                                                                                                                                                                                                                                | Sign                                                                                                                                                                                                                                                                                                         | Date                     |                                                           |             |         |



## Purchase Order

Original

From Company:

Modi Housing Pvt. Ltd.,  
5-4-187/3&4, Ind Floor Soham Mansion M.G.Road  
Secunderabad, TELANGANA. 500003  
GSTNO:36AADCM5906D2ZO

Delivery Location: Silver oak villas MHPL - SOV MHPL

Supplier Details

CEMEX INFRA  
Sy. no. 312, Rampally (Vill), Kesara (Mandal) Medc  
Rampally (Vill), Kesara (Mandal) Medc, TG,  
GSTIN:36AANFC3197R1ZJ  
G.Surender Reddy, 8367099999

|             |                |            |             |
|-------------|----------------|------------|-------------|
| PO No       | 20220926005    | Quote No   | NIL         |
| PO Date     | 26 Sep 2022    | Quote Date | 29 Sep 2022 |
| Supply Type | Purchase Order |            |             |

| SNo.             | Item Name                  | Qty   | Rate     | Dis% | Taxable Amount | GST% |    |    |  | IGST AMT | CGST AMT | SGST AMT | Amount   |
|------------------|----------------------------|-------|----------|------|----------------|------|----|----|--|----------|----------|----------|----------|
| 1                | RMCC9497-RMC-RMC-M25---cum | 42.00 | 3,728.81 | 0%   | 1,56,610       | 0%   | 9% | 9% |  | 0        | 14,095   | 14,095   | 1,84,800 |
| Total Amount ... |                            |       |          |      |                |      |    |    |  | 0        | 14,095   | 14,095   | 1,84,800 |

Rupees in words : One Lakh Eighty Four Thousands Seven Hundred And Ninety Nine .nine Seven Paise Only.

Terms and Conditions:-

## Purchase Order

Original

RMC other terms :  
Batching report + cube test report must be provided.  
RMC specification:  
260 kgs of cement to be added per cum.  
RMC quantity  
Payment shall be made on quantity delivered at site. All vehicles to be weighed near site  
RMC line pump:  
Line / boom pump charges included.  
Payment Terms :  
Within 30 days of delivery and on production of bill.  
Tax :  
Inclusive of GST and all other taxes.  
Delivery Date :  
As per site Engineers request.  
Delivery Location :  
As per details given above  
Bill submission:  
Vendor Shall submit proof of delivery+originak invoice at head office of purchaser  
Remarks :  
Delivery at SOVLLP Cherlapally Contact Person Mr Purshotam-9502177288.

For Modi Housing Pvt. Ltd.,

Authorised Signatory

Name :-

Sign:-

Date :-

Accepted the above Terms And Conditions  
For

Date :-