

# Form for closure of purchase order

|                                                                                                                                                                                                                                     |                                                                                                              |                                                                                  |                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| PO no.: 26266                                                                                                                                                                                                                       | PO date: 9.2.22                                                                                              | Req. no.: 169537                                                                 | 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 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: 2112                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Material not received.                                                   |                                                                                  |                                                                                 |
| <input type="checkbox"/> Part material received.                                                                                                                                                                                    | <input type="checkbox"/> Full material 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: P. Prehalcar                                                                                                                                                                                                           | Sign: for [Signature]                                                                                        | Date: 15/03/23                                                                   |                                                                                 |
| 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 type="checkbox"/> All bills received against this PO.                     |                                                                                 |
| <input type="checkbox"/> Advance paid against this PO                                                                                                                                                                               | Amount paid:                                                                                                 | Date of payment:                                                                 |                                                                                 |
| Details of part bill received:                                                                                                                                                                                                      |                                                                                                              |                                                                                  |                                                                                 |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                                     | Bill date                                                                        | Cr. given to supplier                                                           |
| 1.                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| 2.                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| 3.                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                                              |                                                                                  |                                                                                 |
| Prepared by: P. Kargi                                                                                                                                                                                                               | Sign: [Signature]                                                                                            | Date: 14/3/23                                                                    |                                                                                 |
| 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.                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| 2.                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| 3.                                                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| Remarks: Advance not paid against this PO, thrayly cleared with A/C.                                                                                                                                                                | Sign: [Signature]                                                                                            | Date: 15/3/23                                                                    |                                                                                 |
| Prepared by: Ravi                                                                                                                                                                                                                   | Sign:                                                                                                        | Date:                                                                            |                                                                                 |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                                                                              |                                                                                  |                                                                                 |
| <input type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                           | <input type="checkbox"/> Prepare bill in SSLP for material supplied.                                         |                                                                                  |                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                            | <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"/>                                                                                                                                                                                                            | <input type="checkbox"/> Accounts to be reconciled with supplier. Get supplier's ledger.                     |                                                                                  |                                                                                 |
| Remarks:                                                                                                                                                                                                                            |                                                                                                              |                                                                                  |                                                                                 |
| Approved by: Soham                                                                                                                                                                                                                  | Sign:                                                                                                        | Date:                                                                            |                                                                                 |

APPROVED BY  
- 1 APR 2023  
SOHAM MODI  
MANAGING DIRECTOR

# Purchase Order

Page(s) 1 Of 1

28-03-2022 12:36:21



86266

28.02.22 2:52:29

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

## Supplier Details

S.A.SPORTS

Bank Street, Abids, Hyderabad.

GSTIN 36AAGFS2959C1Z5

040-30683095

9849588880

|            |            |        |
|------------|------------|--------|
| Doc No     | 86266      | 169537 |
| Doc Date   | 09-02-2022 |        |
| Quote No   | nil        |        |
| Quote Date | 09-02-2022 |        |
| SupplyType | Supply     |        |

Kind Attn : **Satvinder Singh Aurora**

Purchase Order for the Supply of following Items.

| Item Name                                                                    | Qty   | Rate     | Dis% | GST   | Amount    |
|------------------------------------------------------------------------------|-------|----------|------|-------|-----------|
| 1 5092 - Equipment - sports - Nylon cricket nets - other - nos<br>10' x 100' | 10.00 | 2,500.00 | 0.00 | 12.00 | 28,000.00 |
| Total Order Value . . .                                                      |       |          |      |       | 28,000.00 |

Rupees : Twenty Eight Thousand Only.

## Terms and Conditions :-

|                   |                                                                                                                                                                                                                                               |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specification /   | Cricket Net, HDPE Net, with tying rope, Rate per sft is Rs. 2.80/- including GST                                                                                                                                                              |
| Payment Terms     | 100% Advance payment                                                                                                                                                                                                                          |
| Tax               | GST included in the above prices                                                                                                                                                                                                              |
| Delivery Date     | With in 5 days from the date os PO                                                                                                                                                                                                            |
| Delivery Location | Summit Housing LLP<br>Cherlapally, Behind Kingston PG college, Hyderabad<br>Phone. 9618244433, Hamendra                                                                                                                                       |
| Penalty For Delay | Nil                                                                                                                                                                                                                                           |
| Transportation    | Nil                                                                                                                                                                                                                                           |
| Warranty          | Nil                                                                                                                                                                                                                                           |
| Advance Paid      | Rs. 56,000-00, by cheque....., dated.....                                                                                                                                                                                                     |
| Other Terms       | We reserve the right to reject items not conforming to quality and specifications, above order is for cricket court ,purpose.                                                                                                                 |
| Completion Date   | Nil                                                                                                                                                                                                                                           |
| Measurment        | Nil                                                                                                                                                                                                                                           |
| Security          | Nil                                                                                                                                                                                                                                           |
| Remarks           | Original invoice + Copy of proof of delivery is required to process invoice for payment. DO NOT send original invoice to site. Original invoice must be sent to HO office or purchase site office. Proof of delivery/DC can be sent by email. |

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **S.A.SPORTS**

Name :

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

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

Contact : -

# Purchase Order

Page(s) 1 Of 1

09-03-2022 15:49:33

Origin

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

| Supplier Details                                                                                     |            |            |        |
|------------------------------------------------------------------------------------------------------|------------|------------|--------|
| S.A.SPORTS<br>Bank Street, Abids, Hyderabad.<br><br>GSTIN 36AAGFS2959C1Z5<br>040-30683095 9849588880 | Doc No     | 86266      | 169537 |
|                                                                                                      | Doc Date   | 09-02-2022 |        |
|                                                                                                      | Quote No   | nil        |        |
|                                                                                                      | Quote Date | 09-02-2022 |        |
|                                                                                                      | SupplyType | Supply     |        |

**Kind Attn : Satvinder Singh Aurora**

Purchase Order for the Supply of following Items.

| Item Name                                                                    | Qty   | Rate     | Dis% | GST   | Amount    |
|------------------------------------------------------------------------------|-------|----------|------|-------|-----------|
| 1 5092 - Equipment - sports - Nylon cricket nets - other - nos<br>10' x 100' | 20.00 | 2,500.00 | 0.00 | 12.00 | 56,000.00 |
| Total Order Value . . .                                                      |       |          |      |       | 56,000.00 |
| Rupees : Fifty Six Thousand Only.                                            |       |          |      |       |           |

**Terms and Conditions :-****Specification / Brand** Cricket Net, HDPE Net, with tying rope, Rate per sft is Rs. 2.80/- including GST**Payment Terms** 100% Advance payment**Tax** GST included in the above prices**Delivery Date** With in 5 days from the date os PO**Delivery Location** Summit Housing LLP  
Cherlapally, Behind Kingston PG college, Hyderabad  
Phone. 9618244433, Hamendra**Penalty For Delay** Nil**Transportation Cost** Nil**Warranty** Nil**Advance Paid** Rs. 56,000-00, by cheque....., dated.....**Other Terms** We reserve the right to reject items not conforming to quality and specifications, above order is for cricket court ,purpose.**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks** Original invoice + Copy of proof of delivery is required to process invoice for payment. DO NOT send original invoice to site. Original invoice must be sent to HO office or purchase site office. Proof of delivery/DC can be sent by email.**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

Accepted the above Terms And Conditions

For **S.A.SPORTS**

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

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

# Requisition Form

| Company Name:                        |                    | SSLLP        |          | Date:        |           | 07.03.2022 |  |
|--------------------------------------|--------------------|--------------|----------|--------------|-----------|------------|--|
| Site & Phase :                       |                    | SHLLP        |          | Time:        |           | 1:00       |  |
| Supplier                             |                    |              |          | Req.No.      |           | 169537     |  |
| Material required before date:       |                    |              |          | ID No.       |           | 74416      |  |
| No                                   | Description        | Size         | Quantity | Units        | Inward No | Date       |  |
| 1                                    | Nylon cricket nets | 10x100       | 30       | nos          |           |            |  |
| Remarks: For Stock Replenish purpose |                    |              |          |              |           |            |  |
| Prepared By                          |                    | N.Vanajakshi |          | Approved by  |           |            |  |
| Sign. & Date                         |                    | 07.03..2022  |          | Sign. & Date |           |            |  |

Note: On receipt of material at site write inward number and date in last 2 columns.



GMR-8/100  
6 net - 2 mny  
Tobacco

PS  
7/3/22

## For MDs APPROVAL

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

## Purchase Order

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

**Supplier Details**

S.A.SPORTS  
Bank Street, Abids, Hyderabad.

**GSTIN** 36AAGFS2959C1Z5

040-30683095

9849588880

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 86266      | 169537 |
| <b>Doc Date</b>   | 09-02-2022 |        |
| <b>Quote No</b>   | nil        |        |
| <b>Quote Date</b> | 09-02-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Satvinder Singh Aurora**

Purchase Order for the Supply of following Items.

| Item Name                                                                       | Qty   | Rate     | Dis% | GST   | Amount           |
|---------------------------------------------------------------------------------|-------|----------|------|-------|------------------|
| 1 5092 - Equipment - sports - Nylon cricket nets - other -<br>nos<br>10' x 100' | 10.00 | 2,500.00 | 0.00 | 12.00 | 28,000.00        |
| <b>Total Order Value . . .</b>                                                  |       |          |      |       | <b>28,000.00</b> |
| Rupees : Twenty Eight Thousand Only.                                            |       |          |      |       |                  |

**Terms and Conditions :-**

**Specification / Brand** Cricket Net, HDPE Net, with tying rope, Rate per sft is Rs. 2.80/- including GST

**Payment Terms** 100% Advance payment

**Tax** GST included in the above prices

**Delivery Date** With in 5 days from the date os PO

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

**Penalty For Delay** Nil

**Transportation Cost** Nil

**Warranty** Nil

**Advance Paid** Rs. 56,000-00, by cheque....., dated.....

**Other Terms** We reserve the right to reject items not conforming to quality and specifications, above order is for cricket court ,purpose.

**Completion Date** Nil

**Measurment** Nil

**Security** Nil

**Remarks** Original invoice + Copy of proof of delivery is required to process invoice for payment. DO NOT send original invoice to site. Original invoice must be sent to HO office or purchase site office. Proof of delivery/DC can be sent by email.

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **S.A.SPORTS**

Date : / /

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

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

Contact :-

## Form for closure of purchase order

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------|--------|
| Data required from site/engineers:                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
| PQ no.:                                                                                                                                                                                                                                    | 86266                                                                                                                                                                                                                                                                                                        | PO date:                            | 9/2/22                                                    | Req. no.:     | 169537 |
| MRN nos. related to PO                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              | Advice Scan ID                      |                                                           |               |        |
| <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 type="checkbox"/>                                                                                                                                                                                                                   | Cancel PO. Material not required.                                                                                                                                                                                                                                                                            |                                     |                                                           |               |        |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Cancel PO. Material will be re-ordered by new requisition.                                                                                                                                                                                                                                                   |                                     |                                                           |               |        |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                        | Keep PO open. Material required.                                                                                                                                                                                                                                                                             |                                     |                                                           |               |        |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Keep PO open. Work under progress.                                                                                                                                                                                                                                                                           |                                     |                                                           |               |        |
| Remarks by engineer: <i>Keep open PO</i>                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
| 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   |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
| Data required from accounts:                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Checked with E&D for receipt of bills.                                                                                                                                                                                                                                                                       |                                     |                                                           |               |        |
| <input 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   |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
| 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 SSLLP for material supplied.                                                                                                                                                                                                                                                                 |                                     |                                                           |               |        |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Get proof of delivery from site.                                                                                                                                                                                                                                                                             |                                     |                                                           |               |        |
| <input checked="" 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 type="checkbox"/>                                                                                                                                                                                                                   | Close PO                                                                                                                                                                                                                                                                                                     | <input checked="" 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:                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                              |                                     |                                                           |               |        |
| Prepared by                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                              | Sign                                |                                                           | Date          |        |
| <i>He da</i>                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              | <i>df</i>                           |                                                           | <i>5/4/22</i> |        |

*Advice Paid  
material not delivered!*

