

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                       |  |                     |  |                  |  |
|---------------------------------------|--|---------------------|--|------------------|--|
| Date: 11/04/23                        |  | Prepared by: V.RAVI |  | Serial no. 16378 |  |
| Supplier name: Sri Rama Sijath Brick. |  |                     |  | HO inward no.    |  |
| Firm/Company: HPPL                    |  | Project: MPL        |  | HO received date |  |
| PO/WO date: 18.11.21                  |  | PO/WO No. B2736     |  | Scan ID.         |  |

| Sl no. | Bill no. | Bill date | Bill amount | Original attached                                                   |
|--------|----------|-----------|-------------|---------------------------------------------------------------------|
| 1.     | 1038     | 11/04/23  | 15435.00    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.     |          |           |             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 3.     |          |           |             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 4.     |          |           |             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

|                                                                                                                                                                                                                                        |                               |                                                                                                                                                                 |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Amount A – Bills total (Excluding Transport & Hamali Charges):                                                                                                                                                                         |                               |                                                                                                                                                                 | 15,435.00                                                           |
| Proof of delivery by way of: <input type="checkbox"/> DCs/bill <input type="checkbox"/> Steel report <input type="checkbox"/> RMC pour report <input type="checkbox"/> Solid block report <input type="checkbox"/> Installation report |                               |                                                                                                                                                                 |                                                                     |
| MRN nos.: 99601                                                                                                                                                                                                                        | Proof of delivery matches MRN |                                                                                                                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Amount B – Other Credits : Transportation charges                                                                                                                                                                                      |                               |                                                                                                                                                                 |                                                                     |
| Amount C – Other Debits :                                                                                                                                                                                                              |                               |                                                                                                                                                                 |                                                                     |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:                                                                                                                                                                            |                               |                                                                                                                                                                 | 15,435.00                                                           |
| Amount E – PO / WO value:                                                                                                                                                                                                              |                               |                                                                                                                                                                 | 15,435.00                                                           |
| Amount F – Difference (A – E):                                                                                                                                                                                                         |                               |                                                                                                                                                                 | NIL                                                                 |
| Quantity received as per PO / WO                                                                                                                                                                                                       |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Part received |                                                                     |
| Close PO / WO                                                                                                                                                                                                                          |                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |                                                                     |
| Payment – due date                                                                                                                                                                                                                     |                               | 14/04/23                                                                                                                                                        |                                                                     |
| Remarks: find bill & close this PO.                                                                                                                                                                                                    |                               |                                                                                                                                                                 |                                                                     |

| Approved by    | Purchase Officer | Purchase Manager                                                                    | M D        | Accountant | Accounts Manager |
|----------------|------------------|-------------------------------------------------------------------------------------|------------|------------|------------------|
| Name:          |                  | V.RAVI                                                                              |            |            |                  |
| Sign:          |                  |  |            |            |                  |
| Date           |                  | 14/10/23                                                                            |            |            |                  |
| Approval limit | Upto 20k         | Above 20k                                                                           | Above 100k | Upto 20k   | Above 20k        |

Notes: 1. In case amount to be credited to supplier and the bills total does not match, accountants to prepare JV for debit or credit. 2. This set should only have 5 documents i.e., advice to credit to supplier, original bill, proof of delivery, original purchase order with barcode, original requisition. 3. Do not attach additional documents like weighment slips, RMC batch reports, duplicate documents, Eway bills, test reports, etc. 4. In Amount A, exclude transport, Hamali charges, etc., and instead include in Amount B. 5. This report must reach HO within one working day of approval by purchase officer/purchase manager.



Form for closure of purchase order

|                                                                                                                                                                                                                                     |                                                                                             |                                                                                                              |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| PO no.: 82 B6                                                                                                                                                                                                                       | PO date: 18/11/21                                                                           | Req. no.: 18/11/21                                                                                           | Advice Scan ID                                                                 |
| Barcoded PO available <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                              | Invoice original available <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Copy available <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              | POD available <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Data required from site/engineers:                                                                                                                                                                                                  |                                                                                             |                                                                                                              |                                                                                |
| MRN nos. related to PO 99601                                                                                                                                                                                                        |                                                                                             |                                                                                                              |                                                                                |
| <input type="checkbox"/> Part material received.                                                                                                                                                                                    |                                                                                             | <input checked="" type="checkbox"/> Full material received.                                                  |                                                                                |
| <input type="checkbox"/> Close PO - Balance material will be re-ordered by new requisition.                                                                                                                                         |                                                                                             | <input type="checkbox"/> Material not received.                                                              |                                                                                |
| <input type="checkbox"/> Cancel PO. Material not required.                                                                                                                                                                          |                                                                                             | <input type="checkbox"/> Cancel PO. Material will be re-ordered by new requisition                           |                                                                                |
| <input type="checkbox"/> Keep PO open. Material required.                                                                                                                                                                           |                                                                                             | <input type="checkbox"/> Keep PO open. Work under progress.                                                  |                                                                                |
| Remarks by engineer: Full material received                                                                                                                                                                                         |                                                                                             |                                                                                                              |                                                                                |
| 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: Wajen                                                                                                                                                                                                                  |                                                                                             | Sign: Wajen                                                                                                  |                                                                                |
| Data required from accounts:                                                                                                                                                                                                        |                                                                                             | Date: 25/03/23                                                                                               |                                                                                |
| <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"/> Advance paid against this PO                                                                                                                                                                               |                                                                                             | <input type="checkbox"/> All bills received against this PO.                                                 |                                                                                |
| Amount paid:                                                                                                                                                                                                                        |                                                                                             | Date of payment:                                                                                             |                                                                                |
| Details of part bill received:                                                                                                                                                                                                      |                                                                                             |                                                                                                              |                                                                                |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                    | Bill date                                                                                                    | Bill amount                                                                    |
| 1.                                                                                                                                                                                                                                  |                                                                                             |                                                                                                              | Cr. given to supplier                                                          |
| 2.                                                                                                                                                                                                                                  |                                                                                             |                                                                                                              |                                                                                |
| 3.                                                                                                                                                                                                                                  |                                                                                             |                                                                                                              |                                                                                |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                             |                                                                                                              |                                                                                |
| Prepared by: Sargutti                                                                                                                                                                                                               |                                                                                             | Sign: Sargutti                                                                                               |                                                                                |
| Date: 28/3/2023                                                                                                                                                                                                                     |                                                                                             | 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.                                                                                                                                                                                                                                  | 1038                                                                                        | 29.11.21                                                                                                     | 15,435.00                                                                      |
| 2.                                                                                                                                                                                                                                  |                                                                                             |                                                                                                              |                                                                                |
| 3.                                                                                                                                                                                                                                  |                                                                                             |                                                                                                              |                                                                                |
| MRN no. 99601.                                                                                                                                                                                                                      |                                                                                             |                                                                                                              |                                                                                |
| Remarks: Need MD's approval for enclosed certified true copy.                                                                                                                                                                       |                                                                                             |                                                                                                              |                                                                                |
| Prepared by: Ravi                                                                                                                                                                                                                   |                                                                                             | Sign: Ravi                                                                                                   |                                                                                |
| Date: 10/04/23.                                                                                                                                                                                                                     |                                                                                             | Advice by MD - action to be taken.                                                                           |                                                                                |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                |                                                                                             |                                                                                                              |                                                                                |
| <input type="checkbox"/> Prepare bill in SSLP for material supplied.                                                                                                                                                                |                                                                                             |                                                                                                              |                                                                                |
| Thereafter, prepare advice for credit to supplier and send to Soham for processing.                                                                                                                                                 |                                                                                             |                                                                                                              |                                                                                |
| <input checked="" type="checkbox"/> Close PO                                                                                                                                                                                        |                                                                                             | <input type="checkbox"/> Keep PO open. Material awaited                                                      |                                                                                |
| <input type="checkbox"/> Accounts to be reconciled with supplier. Get supplier's ledger.                                                                                                                                            |                                                                                             |                                                                                                              |                                                                                |
| Remarks:                                                                                                                                                                                                                            |                                                                                             |                                                                                                              |                                                                                |
| Approved by: Soham                                                                                                                                                                                                                  |                                                                                             | Sign:                                                                                                        |                                                                                |
| Date:                                                                                                                                                                                                                               |                                                                                             |                                                                                                              |                                                                                |

APPROVED BY  
11 APR 2023  
SOHAM MODI  
MANAGING DIRECTOR

## Purchase Order

Page(s) 1 Of 2

25/03/2023 10:39:18

Original / Office Copy / Purchase Div.Copy

From Company : **Modi Properties Pvt.Ltd.**  
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003  
G S T No. : 36AABCM4761E1ZM

**Supplier Details**

Sri Rama Flyash Bricks  
Sy no-215, Hema Nagar, Boduppall, Hyderabad, Ranga Redy(Dist),  
Telangana-500092

GSTIN 36AKTPG8982A1ZR

9246043189

9246043189

|            |            |        |
|------------|------------|--------|
| Doc No     | 82736      | 178175 |
| Doc Date   | 18-11-2021 |        |
| Quote No   | Nil        |        |
| Quote Date | 19-05-2021 |        |
| SupplyType | Supply     |        |

**Kind Attn : G.Prasad**

Purchase Order for the Supply of following Items.

| Item Name                                                                     | Qty    | Rate  | Dis% | GST  | Amount    |
|-------------------------------------------------------------------------------|--------|-------|------|------|-----------|
| 1 1004 - Building material - Cement Solid Blocks - 4 In x8 In<br>x16 In - nos | 700.00 | 21.00 | 0.00 | 5.00 | 15,435.00 |
| Total Order Value . . .                                                       |        |       |      |      | 15,435.00 |

Rupees : Fifteen Thousand Four Hundred Thirty Five Only.

**Terms and Conditions :-**

**Specification /** Items shall be of 25kgs approx.Strength minimum 30kgs/cm2, QC report a must!

**Payment Terms** Within 30 days of delivery of all materials & production of bill.

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

**Delivery Date** As per request of Project Manager

**Delivery Location** May Flower Platinum  
Sy 82/1, Mallapur, Nacharam.  
Phone. 7680971999

**Penalty For Delay** Bills must be submitted to H.O. within 30days of supply of material. 10% pty on value of order will be deducted for delay in submission of bills.

**Transportation** Included in the above price.

**Warranty** Nil

For **Modi Properties Pvt.Ltd.**

Authorised Signatory

Accepted the above Terms And Conditions

For **Sri Rama Flyash Bricks**

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

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

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



# TAX INVOICE

## SRI RAMA FLYASH BRICKS

Cell : 9246043189  
7780156205

Sy. Nos. 215, Hema Nagar, Boduppal, Hyderabad,  
Ranga Reddy Dist., TELANGANA - 500092

No. 1038

36AKTPG8982A1ZR

Date : 29-11-2021

M/s. Modi Properties Pvt Ltd

M. Road, Secunderabad

GSTIN - 36AABCM4761E12M

TIN No. .... Date : .....

Order No. 82736-178175 Date : 18-11-2021

| Sl. No.                                                                                   | PARTICULARS                         | Size                                      | Quantity | Rate Per | Amount<br>Rs. Ps. |             |
|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|----------|----------|-------------------|-------------|
|                                                                                           | 4x8x16 Solid Bricks<br>PC NO - 3538 | 200x200x400<br>200x150x400<br>200x100x400 | 700      | 21       | 14700             | 00          |
| <p>For SRI RAMA FLYASH BRICKS</p> <p>G. S. R. Reddy</p> <p>15/03/23</p> <p>Proprietor</p> |                                     |                                           |          |          | S. TOTAL          | 14700-00    |
|                                                                                           |                                     |                                           |          |          | CGST              | 2.5% 367-50 |
|                                                                                           |                                     |                                           |          |          | SGST              | 2.5% 367-50 |
|                                                                                           |                                     |                                           |          |          | G. TOTAL          | 15435-00    |

\*Goods once sold will not be taken back  
\*Our risk and responsibility ceases when the goods are delivered or dispatched.

Receiver's Signature

For SRI RAMA FLYASH BRICKS

G. S. R. Reddy  
Authorised Signatory

"TRUE COPY"

**DELIVERY CHALLAN**

**SRI RAMA FLYASH BRICKS**

**Mfrs in : All Type of Solid Bricks**

Sy. No. 140 & 141, Near Gas Godowns,  
Chengicherla, Hyderabad.

Cell : 9246043189, 7780156205  
36AKTPG8982A1ZR

PO No - 82736 178715

No. 3538

Date : 24/11/2021

M/s Modi Properties RA Ltd

Name : Modi Properties RA Ltd

Vehicle No. AP 29 TA 5122

Time .....

Material : 4x8x16 Solid Bricks Qty. 700

**INWARD**

Inward No:

Dt.

24/11/21

MRN No:

Dt.

Received By

Sign

Y. A. K. B.

Modi Properties Pvt. Ltd.  
Authorised Signature

rajm  
Driver's Signature