# Form for closure of purchase order

| PO no.: C        | 16219             | PO date:         | 18/01/23                                                 | Req. no.:        | 17070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Adv         | rice Scan ID        |                   |
|------------------|-------------------|------------------|----------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|-------------------|
| Barcoded P       |                   | √Y/□ N           | Invoice original availa                                  | able DY/         | N /□Copy avail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lable       | POD available       | □Y/□N             |
| Data require     | ed from site/e    | engineers:       |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| MRN nos.<br>PO   | related to        |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /           |                     |                   |
| □ Part mater     | rial received.    |                  | □ Full material recei                                    | ved.             | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Material    | not received.       |                   |
| Close PO         | - Balance ma      | aterial will be  | e re-ordered by new rec                                  | quisition.       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| □ Cancel PC      | ). Material no    | ot required.     | Cancel PO. Mar                                           | terial will be   | re-ordered by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | new requ    | uisition            |                   |
| □ Keep PO        | open. Materia     | al required.     | ☐ Keep PO open.                                          | Work under       | progress.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                     |                   |
| Remarks by       | engineer:         |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| of invoices if a | vailable. 4. This |                  | y way of separate attachmen<br>scanned and sent to Ravi. | t. 2. Provide sc |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | delivery + PO. 3. I | Provide copies    |
| Prepared by      | 11141             | 34               | Sign:                                                    |                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e: 17/c     | 14/2023             | (*:               |
| Data require     | d from accou      |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 1                   | one in the second |
|                  |                   |                  | r receipt of bills.                                      |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| Bills not r      | eceived agair     | nst this PO.     | □ Part bill received                                     | against this     | PO. □ A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ll bills re | eceived against     | his PO.           |
| □ Advance p      | oaid against t    | his PO           | Amount paid:                                             |                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e of payr   | ment:               |                   |
| Details of pa    | art bill receive  | ed:              |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| Sl. No.          | Bill no.          |                  | Bill date                                                | Bi               | ll amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Cr. given to s      | upplier           |
| 1.               |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| 2.               |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| 3.               |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| 4.               |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| Remarks by       | Accountants       | :                |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| Prepared by      | far.              | y                | Sign: 18                                                 |                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | : 10        | 1/4/2               |                   |
| Notes: 1. POs/   | WOs issued for    | urnkey works - 1 | may have been processed by                               | E&D. Check b     | efore filling the ab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | 119/05              |                   |
| Prepared by      | :                 |                  | Sign:                                                    |                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2:          |                     |                   |
| Remarks by       | Ravi + detail     | ls of bills to b | be approved:                                             |                  | And the state of t |             |                     |                   |
| Sl. No.          | Bill no.          |                  | Bill date                                                | Bi               | ll amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | MRN no.             |                   |
| 1.               |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| 2.               |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                     |                   |
| 3.               | 1 0               |                  | 1                                                        | ^-               | Close                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V.          | y Po                |                   |
| Remarks:         | Mali              | 7 4              |                                                          | 1,50             | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 H         | 2.00 m              |                   |
| Prepared by      |                   |                  | Sign:                                                    | <u>n</u> —       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5. Zm       | 414)                |                   |
|                  | MD - action to    |                  | • • •                                                    |                  | Lill in CCL I D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Can mata    | rial gunnliad       |                   |
| □ Get certifi    | ied bill from     |                  |                                                          |                  | bill in SSLLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | ariai suppired.     |                   |
|                  | 100070            | repare advice    | e for credit to supplier                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Tay and             |                   |
| 9                | Close PO          |                  |                                                          | " , , , ,        | Keep PO ope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mille       | mai awaneu          |                   |
|                  | Accounts to       | be reconciled    | with supplier. Get sup                                   | plier's ledge    | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (101)       | 10                  |                   |
| Remarks:         |                   |                  |                                                          |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MAM         | MODI CRECTOR        |                   |
| Approved b       | y: Soham          |                  | Sign:                                                    |                  | Date: 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AGING       |                     |                   |

# Purchase Order

Page(s) 1 Of 1

18-01-2023 15:45:21



From Company:

**Summit Sales LLP** 

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

9866920214

G S T No.: 36ACQFS2044C1Z7

### Supplier Details

Maha Lakshmi Traders

GSTIN 36ACQFS2044C1Z7

12/142, Beside India Overseas Bank, Main Road, Alwal

Doc No **Doc Date** 

96219 170700

18-01-2023

**Quote No** 

Nil

**Quote Date** 

12-01-2023

SupplyType Supply

For MDs APPROVAL

☐ Replenishing SSLLP stock

□ Oher

II Jirgh Value/quantity beyond limits.

☐ \*pproval for technical details/clarification.

☑ Po/Req. processed-post approval.

# Kind Attn: Mr.Kailash Choudhary

Purchase Order for the Supply of following Items.

| Item Name                                                   | Qty   | Rate     | Dis%      | 007   |           |
|-------------------------------------------------------------|-------|----------|-----------|-------|-----------|
| 1 301300 - SACP-Sanitary-CP - Concealed flush tank          | (-)   | Rate     | DIS%      | GST   | Amount    |
| plateGebritte Nos                                           | 40.00 | 2,650.00 | 48.00     | 18.00 | 65,041.60 |
| Meterral Not Re                                             | ind   |          |           |       |           |
| Rupees: Sixty Five Thousand Fourty One and Paise Sixty Only |       | Total Or | der Value | 9     | 65,041.60 |

#### Terms and Conditions :-

Specification /

All items shall be of 'Geberit' brand, Alpha model.

**Payment Terms** 

After Delivery & Production of bill

Tax

Inclusive of all taxes

**Delivery Date** 

Within 3 days

**Delivery Location** 

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra

Penality For Delay Nil

Transportation

Transport cost shall be borne by us.

Warranty

10 yrs on flush tank & 25 yrs guarantee on spare parts

Advance Paid

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for stock repeleneshing

Completion Date Measurment

Nil 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 invoices must be sent to HO office or purchase site office. Proof of deli vary /DC can be sent by email.

> APPROVED BY 1 9 JAN 2023 SOHAM MODI MANAGING DIRECTOR

For Summit Sales LLP

Authorised Sign

For Maha Lakshmi Traders

Accepted the above Terms And Conditions

Name :

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

| Requisition Form   |                                                            |                                    |                                 |
|--------------------|------------------------------------------------------------|------------------------------------|---------------------------------|
| Company Name:      | SSLIB                                                      |                                    |                                 |
| Company Name:      | SSLLP                                                      | Date: 12.01.2023                   |                                 |
| Site & Phase:      | SHLLP                                                      | Time: 11:00:00                     |                                 |
| Unit No./Block No. | ).                                                         |                                    |                                 |
| Supplier:          |                                                            | Reg. No. 170700                    |                                 |
| Material required  |                                                            |                                    |                                 |
| oracio dato.       |                                                            | 80                                 |                                 |
| S No               | Item                                                       | Qty Qty available required at site | Order Qty Inward No Inward Date |
| _                  | SACP6660-Sanitary CP-Concealed flush tank plateGebritteNos | 40 / 43                            | 40                              |
| 2                  |                                                            |                                    |                                 |
| 3                  |                                                            |                                    |                                 |
| 4                  |                                                            |                                    |                                 |
| 5                  |                                                            |                                    |                                 |
| 6                  |                                                            |                                    |                                 |
| 7                  |                                                            |                                    |                                 |
| 8                  |                                                            |                                    |                                 |
| 9                  |                                                            |                                    |                                 |
| 10                 |                                                            |                                    |                                 |
| Remarks:           | For Stock Replenishing purpose                             |                                    |                                 |
|                    |                                                            |                                    |                                 |
|                    | Engineer                                                   |                                    | Purchase                        |
| Prepared By:       | M.Asha jyothi                                              | Manager                            | APPR                            |
| Approved By:       | Minish                                                     |                                    |                                 |
| Sign & Date:       |                                                            |                                    | I C JAN ZUZS                    |