

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                        |            |                  |  |                                                                                                                                                                 |  |                               |  |                  |                                                                     |                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|------------------|---------------------------------------------------------------------|------------------|--|
| Date:                                                                                                                                                                                                                                  |            | 04/5/23          |  | Prepared by                                                                                                                                                     |  | V. RAVI                       |  | Serial no.       |                                                                     | 17512            |  |
| Supplier name                                                                                                                                                                                                                          |            | SSLP.            |  |                                                                                                                                                                 |  | HO inward no.                 |  |                  |                                                                     |                  |  |
| Firm/Company                                                                                                                                                                                                                           |            | MPL              |  | Project                                                                                                                                                         |  | H.O                           |  | HO received date |                                                                     |                  |  |
| PO/WO date                                                                                                                                                                                                                             |            | 27/2/23          |  | PO/WO No.                                                                                                                                                       |  | 97609                         |  | Scan ID.         |                                                                     |                  |  |
| Sl no.                                                                                                                                                                                                                                 | Bill no.   |                  |  | Bill date                                                                                                                                                       |  | Bill amount                   |  |                  | Original attached                                                   |                  |  |
| 1.                                                                                                                                                                                                                                     | DB - 29085 |                  |  | 02.03.23                                                                                                                                                        |  | 271.40                        |  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |  |
| 2.                                                                                                                                                                                                                                     |            |                  |  |                                                                                                                                                                 |  | /                             |  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |  |
| 3.                                                                                                                                                                                                                                     |            |                  |  |                                                                                                                                                                 |  |                               |  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |  |
| 4.                                                                                                                                                                                                                                     |            |                  |  |                                                                                                                                                                 |  |                               |  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |  |
| Amount A – Bills total (Excluding Transport & Hamali Charges):                                                                                                                                                                         |            |                  |  |                                                                                                                                                                 |  |                               |  | 271.40           |                                                                     |                  |  |
| Proof of delivery by way of: <input type="checkbox"/> DCs/bill <input type="checkbox"/> Steel report <input type="checkbox"/> RMC pour report <input type="checkbox"/> Solid block report <input type="checkbox"/> Installation report |            |                  |  |                                                                                                                                                                 |  |                               |  |                  |                                                                     |                  |  |
| MRN nos.:                                                                                                                                                                                                                              |            |                  |  |                                                                                                                                                                 |  | Proof of delivery matches MRN |  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |  |
| Amount B – Other Credits : Transportation charges                                                                                                                                                                                      |            |                  |  |                                                                                                                                                                 |  |                               |  | -                |                                                                     |                  |  |
| Amount C – Other Debits :                                                                                                                                                                                                              |            |                  |  |                                                                                                                                                                 |  |                               |  | -                |                                                                     |                  |  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:                                                                                                                                                                            |            |                  |  |                                                                                                                                                                 |  |                               |  | 271.40           |                                                                     |                  |  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |            |                  |  |                                                                                                                                                                 |  |                               |  | 271.40           |                                                                     |                  |  |
| Amount F – Difference (A – E):                                                                                                                                                                                                         |            |                  |  |                                                                                                                                                                 |  |                               |  | NIL              |                                                                     |                  |  |
| Quantity received as per PO / WO                                                                                                                                                                                                       |            |                  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Part received |  |                               |  |                  |                                                                     |                  |  |
| Close PO / WO                                                                                                                                                                                                                          |            |                  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |  |                               |  |                  |                                                                     |                  |  |
| Payment – due date                                                                                                                                                                                                                     |            |                  |  | 05/5/23                                                                                                                                                         |  |                               |  |                  |                                                                     |                  |  |
| Remarks: find bill & close this PO.                                                                                                                                                                                                    |            |                  |  |                                                                                                                                                                 |  |                               |  |                  |                                                                     |                  |  |
| Approved by                                                                                                                                                                                                                            |            | Purchase Officer |  | Purchase Manager                                                                                                                                                |  | M D                           |  | Accountant       |                                                                     | Accounts Manager |  |
| Name:                                                                                                                                                                                                                                  |            |                  |  | V. RAVI                                                                                                                                                         |  |                               |  |                  |                                                                     |                  |  |
| Sign:                                                                                                                                                                                                                                  |            |                  |  |                                                                              |  |                               |  |                  |                                                                     |                  |  |
| Date                                                                                                                                                                                                                                   |            |                  |  | 04/5/23                                                                                                                                                         |  |                               |  |                  |                                                                     |                  |  |
| Approval limit                                                                                                                                                                                                                         |            | Upto 20k         |  | Above 20k                                                                                                                                                       |  | Above 100k                    |  | Upto 20k         |                                                                     | Above 20k        |  |

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



## Form for closure of purchase order

|                                                                                                                                                                                                                                     |                                                                                              |                                                                                  |                                                                                 |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------|
| PO no.: 97609                                                                                                                                                                                                                       | PO date: 27/02/23                                                                            | Req. no.: 199163                                                                 | Advice Scan ID                                                                  |                       |
| Barcoded PO available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N                                                                                                                                             | Invoice original available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N | Copy available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N | POD available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N |                       |
| Data required from site/engineers:                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| MRN nos. related to PO                                                                                                                                                                                                              |                                                                                              |                                                                                  |                                                                                 |                       |
| <input type="checkbox"/> Part material received.                                                                                                                                                                                    | <input checked="" type="checkbox"/> Full material received.                                  | <input type="checkbox"/> Material not received.                                  |                                                                                 |                       |
| <input type="checkbox"/> Close PO – Balance material will be re-ordered by new requisition.                                                                                                                                         |                                                                                              |                                                                                  |                                                                                 |                       |
| <input type="checkbox"/> Cancel PO. Material not required.                                                                                                                                                                          | <input type="checkbox"/> Cancel PO. Material will be re-ordered by new requisition           |                                                                                  |                                                                                 |                       |
| <input type="checkbox"/> Keep PO open. Material required.                                                                                                                                                                           | <input type="checkbox"/> Keep PO open. Work under progress.                                  |                                                                                  |                                                                                 |                       |
| Remarks by engineer: Material received at site.                                                                                                                                                                                     |                                                                                              |                                                                                  |                                                                                 |                       |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide scanned copy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be scanned and sent to Ravi. |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by: Meenakshi.N                                                                                                                                                                                                            | Sign: [Signature]                                                                            | Date: 13/04/2023.                                                                |                                                                                 |                       |
| Data required from accounts:                                                                                                                                                                                                        |                                                                                              |                                                                                  |                                                                                 |                       |
| <input type="checkbox"/>                                                                                                                                                                                                            | Checked with E&D for receipt of bills.                                                       |                                                                                  |                                                                                 |                       |
| <input checked="" type="checkbox"/> Bills not received against this PO.                                                                                                                                                             | <input type="checkbox"/> Part bill received against this PO.                                 | <input type="checkbox"/> All bills received against this PO.                     |                                                                                 |                       |
| <input type="checkbox"/> Advance paid against this PO                                                                                                                                                                               | Amount paid:                                                                                 | Date of payment:                                                                 |                                                                                 |                       |
| Details of part bill received:                                                                                                                                                                                                      |                                                                                              |                                                                                  |                                                                                 |                       |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                        | Bill amount                                                                     | Cr. given to supplier |
| 1.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 4.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by: Sangeetha                                                                                                                                                                                                              | Sign: [Signature]                                                                            | Date: 11/4/23                                                                    |                                                                                 |                       |
| Notes: 1. POs/WOs issued for turnkey works - may have been processed by E&D. Check before filling the above.                                                                                                                        |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by:                                                                                                                                                                                                                        | Sign:                                                                                        | Date:                                                                            |                                                                                 |                       |
| Remarks by Ravi + details of bills to be approved:                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                        | Bill amount                                                                     | MRN no.               |
| 1.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| Remarks: Need invoice copy from rsvp.                                                                                                                                                                                               |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by: Ravi                                                                                                                                                                                                                   | Sign: [Signature]                                                                            | Date: 13/4/23.                                                                   |                                                                                 |                       |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                 | Get certified bill from supplier (not original).                                             |                                                                                  | <input type="checkbox"/> Prepare bill in SSSLP for material supplied.           |                       |
| <input type="checkbox"/>                                                                                                                                                                                                            | Thereafter, prepare advice for credit to supplier and send to Soham for processing.          |                                                                                  |                                                                                 |                       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                 | Close PO                                                                                     | <input type="checkbox"/>                                                         | Keep PO open. Material awaited                                                  |                       |
| <input type="checkbox"/>                                                                                                                                                                                                            | Accounts to be reconciled with supplier. Get supplier's ledger.                              |                                                                                  |                                                                                 |                       |
| Remarks:                                                                                                                                                                                                                            |                                                                                              |                                                                                  |                                                                                 |                       |
| Approved by: Soham                                                                                                                                                                                                                  | Sign:                                                                                        | Date:                                                                            |                                                                                 |                       |

APPROVED BY  
17 APR 2023  
SOHAM MODI  
MANAGING DIRECTOR

# Purchase Order

Page(s) 1 Of 2

10/04/2023 14:52:21

Original / Office Copy / Purchase Div.Copy

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

11

**Supplier Details**

Summit Sales LLP

5-4-187/3&amp;4,II nd floor,Soham Mansion,MG Road, Secunderabad

GSTIN 36ACQFS2044C1Z7

040-66335551

9618244433

|            |            |        |
|------------|------------|--------|
| Doc No     | 97609      | 199163 |
| Doc Date   | 27-02-2023 |        |
| Quote No   | nil        |        |
| Quote Date | 25-02-2023 |        |
| SupplyType | Supply     |        |

Kind Attn : Hamendra,Prabhakar

Purchase Order for the Supply of following Items.

| Item Name                                                            | Qty  | Rate   | Dis% | GST   | Amount |
|----------------------------------------------------------------------|------|--------|------|-------|--------|
| 1 732000 - TOOL-Tools - Mesurment Tapes-Steel-Freemans<br>- 5m - Nos | 2.00 | 115.00 | 0.00 | 18.00 | 271.40 |
| Total Order Value . . .                                              |      |        |      |       | 271.40 |

Rupees : Two Hundred Seventy One and Paise Fourty Only.

**Terms and Conditions :-****Specification /** As per details given in the quotation.**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Next Working Day.**Delivery Location** Head Office  
5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003  
Phone. 040-66335551**Penalty For Delay** Nil**Transportation** Transport cost shall be borne by us.**Warranty** NilFor **Modi Properties Pvt.Ltd.**

Authorised Signatory

Accepted the above Terms And Conditions

For **Summit Sales LLP**

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

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

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

## Purchase Order

Page(s) 2 Of 2

10/04/2023 14:52:21

Original / Office Copy / Purchase Div.Copy

**Advance Paid**

Nil

**Other Terms**

We reserve the right to reject items not conforming to quality and specifications. For site office use purpose. Above material required for HO engineer purpose

**Completion Date**

NA

**Measurement**

NA

**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 delivery/DC can be sent by email.

For **Modi Properties Pvt.Ltd.**

Authorised Signatory

Accepted the above Terms And Conditions

For **Summit Sales LLP**

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

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

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

# Purchase Order

Page(s) 1 Of 1

27-02-2023 16:43:11

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



97609  
16.02.23 5:15:18

## Supplier Details

Summit Sales LLP  
5-4-187/3&4,II nd floor,Soham Mansion,MG Road, Secunderabad

**GSTIN** 36ACQFS2044C1Z7

040-66335551

9618244433

|            |            |        |
|------------|------------|--------|
| Doc No     | 97609      | 199163 |
| Doc Date   | 27-02-2023 |        |
| Quote No   | nil        |        |
| Quote Date | 25-02-2023 |        |
| SupplyType | Supply     |        |

**Kind Attn : Hamendra,Prabhakar**

Purchase Order for the Supply of following Items.

| Item Name                                                            | Qty  | Rate   | Dis% | GST   | Amount |
|----------------------------------------------------------------------|------|--------|------|-------|--------|
| 1 732000 - TOOL-Tools - Mesurment Tapes-Steel-Freemans<br>- 5m - Nos | 2.00 | 115.00 | 0.00 | 18.00 | 271.40 |
| Total Order Value . . .                                              |      |        |      |       | 271.40 |

Rupees : Two Hundred Seventy One and Paise Fourty Only.

## Terms and Conditions :-

**Specification /** As per details given in the quotation.

**Payment Terms** After Delivery & Production of bill

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

**Delivery Date** Next Working Day.

**Delivery Location** Head Office  
5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003  
Phone. 040-66335551

**Penalty For Delay** Nil

**Transportation** Transport cost shall be borne by us.

**Warranty** Nil

**Advance Paid** Nil

**Other Terms** We reserve the right to reject items not conforming to quality and specifications.For site office use purpose.Above material required for HO engineer purpose

**Completion Date** NA

**Measurement** NA

**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 delivery/DC can be sent by email.'

Bill  
29085  
Delivery  
7/4/23

For **Modi Properties Pvt.Ltd.**

Authorised Signatory

Accepted the above Terms And Conditions

For **Summit Sales LLP**

Name :

Name :

Date : / /

|                                |  |                                                                                   |  |                 |  |                       |  |                                 |  |
|--------------------------------|--|-----------------------------------------------------------------------------------|--|-----------------|--|-----------------------|--|---------------------------------|--|
| Requisition Form               |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| Company Name:                  |  | MPPL                                                                              |  | Date:           |  | 25-02-2023            |  |                                 |  |
| Site & Phase :                 |  | MP1/H.O                                                                           |  | Time:           |  | 15:50                 |  |                                 |  |
| Unit No./Block No.             |  |                                                                                   |  | Req. No.        |  | 199163                |  |                                 |  |
| Supplier:                      |  |                                                                                   |  | ID No.          |  | 84676                 |  |                                 |  |
| Material required before date: |  | urgent                                                                            |  | Qty required    |  | Qty available at site |  | Order Qty Inward No Inward Date |  |
| S No                           |  | Item                                                                              |  | 2               |  | 2                     |  |                                 |  |
| 1                              |  | TOOL 3390-Tools-Mesument Tapes-Steel-1' remain- 5m-Nos                            |  |                 |  |                       |  |                                 |  |
| 2                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 3                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 4                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 5                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 6                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 7                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 8                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 9                              |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| 10                             |  |                                                                                   |  |                 |  |                       |  |                                 |  |
| Remarks:                       |  | H/O ENGINEER PURPOSE ( MAINTENANCE)                                               |  | Project Manager |  |                       |  |                                 |  |
| Prepared By:                   |  | Engineer                                                                          |  |                 |  |                       |  |                                 |  |
| Approved By:                   |  | Meenakshin                                                                        |  |                 |  |                       |  |                                 |  |
| Sign & Date:                   |  |  |  |                 |  |                       |  |                                 |  |

**APPROVED**  
**27 FEB 2023**  
**P. VENKATESHWARLU**  
**MANAGER PURCHASE**

## TAX INVOICE

**Summit Sales LLP**

ORIGINAL INVOICE

#5-4-187/3 &amp; 4, II Floor, Soham Mansion, M.G.Road, Secunderabad - 500003

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

PAN: ACQFS2044C GSTIN/UNI: 36ACQFS2044C1Z7

1 of 1 :

| Customer Details                                        |                                 |          |     | Invoice No.    | DB - 29085 |       |         |
|---------------------------------------------------------|---------------------------------|----------|-----|----------------|------------|-------|---------|
| Modi Properties Pvt. Ltd.                               |                                 |          |     | Invoice Date.  | 02-03-2023 |       |         |
| HEAD OFFICE,5-4-187/3&4,M.G ROAD SEC'BAD                |                                 |          |     | PO No.         | 97609      |       |         |
|                                                         |                                 |          |     | PO Date.       | 27-02-2023 |       |         |
|                                                         |                                 |          |     | Req ID         | 84676      |       |         |
|                                                         |                                 |          |     | Req Date       | 25-02-2023 |       |         |
|                                                         |                                 |          |     | Loc Req No     | 199163     |       |         |
| GSTIN : 36AABCM4761E1ZM                                 |                                 |          |     | PAN AABCM4761E |            |       |         |
|                                                         | Description of Goods            | HSN/SAC  | Qty | Rate           | Gross      | Tax%  | Tax Amt |
| 1                                                       | 732000 - TOOL-Tools - Mesurment | 70178010 | 2   | 115.00         | 230.00     | 18    | 41.40   |
| 2                                                       |                                 |          |     |                |            |       |         |
| 3                                                       |                                 |          |     |                |            |       |         |
| 4                                                       |                                 |          |     |                |            |       |         |
| 5                                                       |                                 |          |     |                |            |       |         |
| 6                                                       |                                 |          |     |                |            |       |         |
| 7                                                       |                                 |          |     |                |            |       |         |
| 8                                                       |                                 |          |     |                |            |       |         |
| 9                                                       |                                 |          |     |                |            |       |         |
| 10                                                      |                                 |          |     |                |            |       |         |
| 11                                                      |                                 |          |     |                |            |       |         |
| 12                                                      |                                 |          |     |                |            |       |         |
| 13                                                      |                                 |          |     |                |            |       |         |
| 14                                                      |                                 |          |     |                |            |       |         |
| 15                                                      |                                 |          |     |                |            |       |         |
| IGST                                                    |                                 |          |     | 230.00         |            | 41.40 |         |
| CGST                                                    |                                 |          |     |                |            |       |         |
| SGST                                                    |                                 |          |     |                |            |       |         |
| Total Taxable Amount                                    |                                 |          |     |                |            |       |         |
| 20.70                                                   |                                 |          |     | 271.40         |            |       |         |
| Total Invoice Amount                                    |                                 |          |     |                |            |       |         |
| Rupees : Two Hundred Seventy One and Paise Fourty Only. |                                 |          |     |                |            |       |         |

Subject to Hyderabad Jurisdiction

for Summit Sales LLP



Authorised signatory