

PURCHASE DIVISION  
Advice for approval for credit to supplier

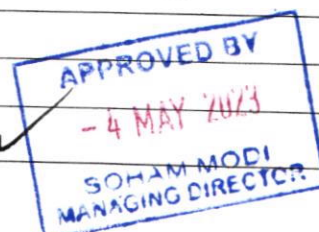
|                                                                                                                                                                                                                                        |          |                  |  |                                                                                                                                                                 |  |                               |  |                  |                                                                     |                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|------------------|---------------------------------------------------------------------|------------------|--|
| Date:                                                                                                                                                                                                                                  |          | 04/5/23          |  | Prepared by                                                                                                                                                     |  | V. RAVI                       |  | Serial no.       |                                                                     | 16433            |  |
| Supplier name                                                                                                                                                                                                                          |          | Jinkrupa Agency  |  |                                                                                                                                                                 |  | HO inward no.                 |  |                  |                                                                     |                  |  |
| Firm/Company                                                                                                                                                                                                                           |          | SHLP             |  | Project                                                                                                                                                         |  | SHLP.                         |  | HO received date |                                                                     |                  |  |
| PO/WO date                                                                                                                                                                                                                             |          | 27.11.21         |  | PO/WO No.                                                                                                                                                       |  | 83042.                        |  | Scan ID.         |                                                                     |                  |  |
| Sl no.                                                                                                                                                                                                                                 | Bill no. |                  |  | Bill date                                                                                                                                                       |  | Bill amount                   |  |                  | Original attached                                                   |                  |  |
| 1.                                                                                                                                                                                                                                     | 37       |                  |  | 03.12.21                                                                                                                                                        |  | 21,240 - w                    |  |                  | <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):                                                                                                                                                                         |          |                  |  |                                                                                                                                                                 |  |                               |  | 21,240 - w       |                                                                     |                  |  |
| 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.:                                                                                                                                                                                                                              |          | 100229           |  |                                                                                                                                                                 |  | 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:                                                                                                                                                                            |          |                  |  |                                                                                                                                                                 |  |                               |  | 21,240 - w       |                                                                     |                  |  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |          |                  |  |                                                                                                                                                                 |  |                               |  | 21,240 - w       |                                                                     |                  |  |
| 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                                                                                                                                                                                                                     |          |                  |  | 06/5/23.                                                                                                                                                        |  |                               |  |                  |                                                                     |                  |  |
| 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.: 83042                                                                                                                                                                                                                       | PO date: 27.11.21                                                                            | Req. no.: 169201                                                                 | Advice Scan ID                                                                  |                       |
| Barcoded PO available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N                                                                                                                                             | Invoice original available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N | Copy available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N | POD available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N |                       |
| Data required from site/engineers:                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| MRN nos. related to PO                                                                                                                                                                                                              | 100229                                                                                       |                                                                                  |                                                                                 |                       |
| <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: full material received.                                                                                                                                                                                        |                                                                                              |                                                                                  |                                                                                 |                       |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide scanned copy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be scanned and sent to Ravi. |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by: Hemendra                                                                                                                                                                                                               | Sign: [Signature]                                                                            | Date: 03/05/23.                                                                  |                                                                                 |                       |
| Data required from accounts:                                                                                                                                                                                                        |                                                                                              |                                                                                  |                                                                                 |                       |
| <input type="checkbox"/>                                                                                                                                                                                                            | Checked with E&D for receipt of bills.                                                       |                                                                                  |                                                                                 |                       |
| <input checked="" type="checkbox"/> Bills not received against this PO.                                                                                                                                                             | <input type="checkbox"/> Part bill received against this PO.                                 | <input type="checkbox"/> All bills received against this PO.                     |                                                                                 |                       |
| <input type="checkbox"/> Advance paid against this PO                                                                                                                                                                               | Amount paid:                                                                                 | Date of payment:                                                                 |                                                                                 |                       |
| Details of part bill received:                                                                                                                                                                                                      |                                                                                              |                                                                                  |                                                                                 |                       |
| Sl. No.                                                                                                                                                                                                                             | Bill no.                                                                                     | Bill date                                                                        | Bill amount                                                                     | Cr. given to supplier |
| 1.                                                                                                                                                                                                                                  | 3                                                                                            |                                                                                  |                                                                                 |                       |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 4.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by: D. Laryp                                                                                                                                                                                                               | Sign: [Signature]                                                                            | Date: 31/5/23                                                                    |                                                                                 |                       |
| 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.                                                                                                                                                                                                                                  | 37                                                                                           | 03.12.21                                                                         | 21,240.00                                                                       | 100229                |
| 2.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| 3.                                                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| Remarks: Need MD's approval for enclosed invoice.                                                                                                                                                                                   |                                                                                              |                                                                                  |                                                                                 |                       |
| Prepared by: Ravi                                                                                                                                                                                                                   | Sign: [Signature]                                                                            | Date: 03/05/23.                                                                  |                                                                                 |                       |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                                                              |                                                                                  |                                                                                 |                       |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                | <input checked="" type="checkbox"/> Prepare bill in SSLLP 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: [Signature]                                                                |                                                                                 |                       |



## Tax Invoice

|                                                                                                                                                                                     |  |                                                                                      |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--------------------------|
| <b>JIN KRUPA AGENCY</b><br>Plot No 56,Ground Floor.Sarva Sukhi Colony,<br>West Marredpally,Secundrabad,Hyderabad<br>GSTIN/UIN: 36AEMPM4587N1ZL<br>State Name : Telangana, Code : 36 |  | Invoice No.<br><b>37</b>                                                             | Dated<br><b>3-Dec-21</b> |
|                                                                                                                                                                                     |  | Delivery Note                                                                        | Mode/Terms of Payment    |
|                                                                                                                                                                                     |  | Dispatch Doc No. .                                                                   | Delivery Note Date       |
| Consignee (Ship to)<br><b>Summit Sales Llp</b>                                                                                                                                      |  | Dispatched through                                                                   | Destination              |
| GSTIN/UIN : 36ACQFS2044C1Z7<br>State Name : Telangana, Code : 36                                                                                                                    |  | Terms of Delivery<br><br><p style="font-size: 24px; margin-top: 20px;">PO- 83042</p> |                          |
| Buyer (Bill to)<br><b>Summit Sales Llp</b>                                                                                                                                          |  |                                                                                      |                          |
| GSTIN/UIN : 36ACQFS2044C1Z7<br>State Name : Telangana, Code : 36                                                                                                                    |  |                                                                                      |                          |

[illegible]

Amount Chargeable (in words) E & O.E  
**INR Twenty One Thousand Two Hundred Forty Only**

|               | Taxable Value    | Central Tax |                 | State Tax |                 | Total           |
|---------------|------------------|-------------|-----------------|-----------|-----------------|-----------------|
|               |                  | Rate        | Amount          | Rate      | Amount          | Tax Amount      |
|               | 18,000.00        | 9%          | 1,620.00        | 9%        | 1,620.00        | 3,240.00        |
| <b>Total:</b> | <b>18,000.00</b> |             | <b>1,620.00</b> |           | <b>1,620.00</b> | <b>3,240.00</b> |

Tax Amount (in words) : **INR Three Thousand Two Hundred Forty Only**

JIN KRUPA AGENCY

Plot No.56, H.No: 4-03-059,

Ground Floor, Sarva Sukhi Colony:

India  
West Marredpally, Secunderabad - 500026.

### Company's Bank Details

Bank Name : Central Bank of India

A/c No. : 3461168140

Branch &amp; IFS Code : Hill Street, Ranigunj &amp; CBIN0281365

for JIM KRUPA AGENCY

Authorised Signatory

### Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

FOR JIN KRUPA AGENCY

This is a Computer Generated Invoice

Proprietor

## Purchase Order

Original / Office Copy / Purchase Div.Copy

Page(s) 1 Of 1

02-05-2023 13:20:38

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

**Supplier Details**

Jinkrupa Agency  
4-3-75/3, Hill Street, Sec-Bad -500 003

**GSTIN** 36AEMPM4587N1ZL

2771-0119

98496-06725

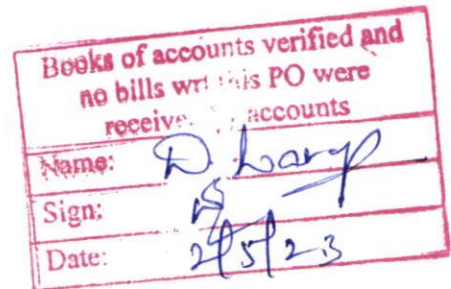
|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 83042      | 169201 |
| <b>Doc Date</b>   | 27-11-2021 |        |
| <b>Quote No</b>   | NIL        |        |
| <b>Quote Date</b> | 20-10-2021 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr. Hemal H. Mehta**

Purchase Order for the Supply of following Items.

| Item Name                                                                       | Qty    | Rate  | Dis% | GST   | Amount    |
|---------------------------------------------------------------------------------|--------|-------|------|-------|-----------|
| 1 7353 - Plumbing - other - Green Hose pipe - Other - Mtrs<br>3/4" - 20 bundles | 600.00 | 30.00 | 0.00 | 18.00 | 21,240.00 |
| Total Order Value . . .                                                         |        |       |      |       | 21,240.00 |

Rupees : Twenty One Thousand Two Hundred Fourty Only.

**Terms and Conditions :-****Specification / Brand** As per details given in the quotation.**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Next day**Delivery Location** Summit Housing LLP  
Cherlapally, Behind Kingston PG college, Hyderabad  
Phone. 9618244433, Hamendra**Penalty For Delay** Nil**Transportation Cost** 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. Above order for Stock purpose.**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Jinkrupa Agency**

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

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

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

# Tax Invoice

|                                                                                                                                                                                          |                          |                          |               |                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------|-----------------------|
| <b>JIN KRUPA AGENCY</b><br>Plot No 56, Ground Floor, Sarva Sukhi Colony,<br>West Marredpally, Secunderabad, Hyderabad<br>GSTIN/UIN: 36AEMPM4587N1ZL<br>State Name : Telangana, Code : 36 | Invoice No.<br><b>37</b> | Dated<br><b>3-Dec-21</b> | Delivery Note | Mode/Terms of Payment |
|                                                                                                                                                                                          | Dispatch Doc No.         | Delivery Note Date       |               |                       |
| Consignee (Ship to)<br><b>Summit Sales Lip</b>                                                                                                                                           | Dispatched through       |                          | Destination   |                       |
| Terms of Delivery<br><div style="font-size: 2em; color: blue; margin-top: 10px;">PO 83042</div>                                                                                          |                          |                          |               |                       |
| GSTIN/UIN : 36ACQFS2044C1Z7<br>State Name : Telangana, Code : 36                                                                                                                         |                          |                          |               |                       |
| Buyer (Bill to)<br><b>Summit Sales Lip</b>                                                                                                                                               |                          |                          |               |                       |
| GSTIN/UIN : 36ACQFS2044C1Z7<br>State Name : Telangana, Code : 36                                                                                                                         |                          |                          |               |                       |

| Sl No.       | Description of Goods | HSN/SAC  | GST Rate | MRP/ Marginal | Quantity      | Rate   | per | Amount             |
|--------------|----------------------|----------|----------|---------------|---------------|--------|-----|--------------------|
| 1            | Pvc Green Breaded    | 39173290 | 18 %     |               | 20 NOS        | 900.00 | NOS | 18,000.00          |
|              | <b>CGST</b>          |          |          |               |               |        |     | 1,620.00           |
|              | <b>SGST</b>          |          |          |               |               |        |     | 1,620.00           |
| <b>Total</b> |                      |          |          |               | <b>20 NOS</b> |        |     | <b>₹ 21,240.00</b> |

Amount Chargeable (in words)

E & O.E

**INR Twenty One Thousand Two Hundred Forty Only**

|               | Taxable Value    | Central Tax |                 | State Tax |                 | Total Tax Amount |
|---------------|------------------|-------------|-----------------|-----------|-----------------|------------------|
|               |                  | Rate        | Amount          | Rate      | Amount          |                  |
|               | 18,000.00        | 9%          | 1,620.00        | 9%        | 1,620.00        | 3,240.00         |
| <b>Total:</b> | <b>18,000.00</b> |             | <b>1,620.00</b> |           | <b>1,620.00</b> | <b>3,240.00</b>  |

Tax Amount (in words) : **INR Three Thousand Two Hundred Forty Only**

14-12-21  
 8912311346

"TRUE COPY"

Company's Bank Details

Bank Name : Central Bank of India  
 A/c No. : 3461168140  
 Branch & IFS Code : Hill Street, Ranigunj & CBIN0281365

**JIN KRUPA AGENCY**  
 Plot No.56, H.No: 4-03-059,  
 Ground Floor, Sarva Sukhi Colony,  
 West Marredpally, Secunderabad - 500026.

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

FOR JIN KRUPA AGENCY

for JIN KRUPA AGENCY

Authorised Signatory

This is a Computer Generated Invoice

Proprietor