

ADMIN-AUDIT / PURCHASE DIVISION  
Advice for Credit to Supplier - Manual

|               |               |             |           |                  |  |
|---------------|---------------|-------------|-----------|------------------|--|
| Date:         | 29/12/23      | Prepared by | V. RAVI   | Serial no.       |  |
| Supplier name | SFS Hardware. |             |           | HO inward no.    |  |
| Firm/Company  | S.S.L.L.P     | Project     | SSLP-GVPC | HO received date |  |
| PO/WO date    | 14.12.22      | PO/WO No.   | 94997     | Scan ID.         |  |

| Sl no. | Bill no. | Bill date | Bill amount | Original attached                                                   |
|--------|----------|-----------|-------------|---------------------------------------------------------------------|
| 1.     | 323      | 19/12/22  | 4131 - 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): 4131 - w

Proof of delivery by way of: ☒ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report

|           |        |                               |                                                                     |
|-----------|--------|-------------------------------|---------------------------------------------------------------------|
| MRN nos.: | 115279 | 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: 4131 - w

Amount E – PO / WO value: 4131 - w

Amount F – Difference (A – E): Nil

Quantity received as per PO / WO ☒ Yes ☐ Excess received ☐ Short received ☐ Part received

Close PO / WO ☒ Yes ☐ No – wait for balance material ☐ Other

Payment – due date 10/01/24

Remarks: find bill & close this po.

|                |                  |                  |            |            |                  |
|----------------|------------------|------------------|------------|------------|------------------|
| Approved by    | Purchase Officer | Purchase Manager | M D        | Accountant | Accounts Manager |
| Name:          |                  | V. RAVI          |            |            |                  |
| Sign:          |                  |                  |            |            |                  |
| Date           |                  | 29/12/23         |            |            |                  |
| 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.

deviya

Admin-Audit Division  
Form for closure of purchase order - Manual

|                                                                                                                                                                                                                                     |                                                                                             |                                                                                    |                                                                                |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|
| PO no.: 94997                                                                                                                                                                                                                       | PO date: 14.12.22                                                                           | Req. no.: 170557                                                                   | Advice Scan ID                                                                 |                       |
| Barcoded PO available <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                              | Invoice available original <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                                                                                                                                                                                                              | 115279                                                                                      |                                                                                    |                                                                                |                       |
| <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: 26.12.23.                                                                    |                                                                                |                       |
| 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.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| 2.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| 3.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| 4.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| Remarks by Accountants:                                                                                                                                                                                                             |                                                                                             |                                                                                    |                                                                                |                       |
| Prepared by: Umar Farooq                                                                                                                                                                                                            | Sign: [Signature]                                                                           | Date: 28/12/23                                                                     |                                                                                |                       |
| 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.                                                                                                                                                                                                                                  | 323                                                                                         | 19/12/2022                                                                         | 4131-W                                                                         | 115279.               |
| 2.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| 3.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| 4.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| 5.                                                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| Remarks: Need MD's Approval for enclosed - certified true copy and need to be                                                                                                                                                       |                                                                                             |                                                                                    |                                                                                |                       |
| Prepared by: Ravi                                                                                                                                                                                                                   | Sign: [Signature]                                                                           | Date: Adjusted to NRK                                                              |                                                                                |                       |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                                                             |                                                                                    |                                                                                |                       |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                |                                                                                             | <input type="checkbox"/> Prepare bill in SLLP 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: 28 DEC 2023                                                                  |                                                                                |                       |



Material Receipts Form

PO Doc No 94997



New DC Edit Save Close

MPIN Doc ID 115279

MRN Date 21-12-2022

DC No 323

DC Date 19-12-2022

Remarks

Company Name : Summit Sales LLP  
Project Name : SSLLP-CVDC  
Supply Type : Supply  
Quote No : NIL  
Quote Date : 12-12-2022

In Time 11:00

Vehicle No TS10UB8367

Delivered By KRISHNAMURAJU

Received By SECURITY

Inward No 1873

Inward Date 21/12/22

PDF Name PO94997DC323MR115279

| SNo | Category           | Item Name                                          | Ord Qty | DC Qty | Status     | Balance | Recd Qty | Rate |
|-----|--------------------|----------------------------------------------------|---------|--------|------------|---------|----------|------|
| 1   | Electrical - other | 4738 - Electrical - other - GI Flat - Others - nos | 300     | 300    | Not Closed | 0       | 300      | 0    |
| 2   | Electrical - other | 4738 - Electrical - other - GI Flat - Others - nos | 300     | 300    | Not Closed | 0       | 300      | 0    |

## Purchase Order

Page(s) 1 Of 1

26-12-2023 11:00:13

Original / Office Copy / Purchase Div.Copy

From Company : **Summit Sales LLP**  
5-4-187/38&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

SFS Hardware  
30-26, III Floor, Plot no 36, Burhani Housing Society, RTC  
Colony, Tirumulgery, Secunderabad-15

**GSTIN** 36BJJPG3515K1Z6

9550505717

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 94997      | 170557 |
| <b>Doc Date</b>   | 14-12-2022 |        |
| <b>Quote No</b>   | NIL        |        |
| <b>Quote Date</b> | 12-12-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr Khuzem**

Purchase Order for the Supply of following Items.

| Item Name                                                                                | Qty    | Rate | Dis% | GST   | Amount          |
|------------------------------------------------------------------------------------------|--------|------|------|-------|-----------------|
| 1 4738 - Electrical - other - GI Flat - Others - nos<br>GI sleeves and bullets-8mmx50mm  | 300.00 | 4.72 | 0.00 | 18.00 | 1,670.88        |
| 2 4738 - Electrical - other - GI Flat - Others - nos<br>GI sleeves and bullets-10mmx50mm | 300.00 | 6.95 | 0.00 | 18.00 | 2,460.30        |
| <b>Total Order Value . . .</b>                                                           |        |      |      |       | <b>4,131.18</b> |

Rupees : Four Thousand One Hundred Thirty One and Paise Eighteen Only.

**Terms and Conditions :-****Specification /** All items shall be of \_\_\_\_ brand/company**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Within 2 days**Delivery Location** SSSLP-GVDC

Phone. .

**Penalty For Delay** 5% penalty for delay in delivery beyond due date.**Transportation** Transport cost shall be borne by us.**Warranty** Nil**Advance Paid** NIL**Other Terms** Payment will be made only after inspection of material. Above material for stock purpose.**Completion Date** NA**Measurment** Nil**Security** Nil**Remarks** Delivery at GVDC Turkapally Contact Person Mr Ramesh Reddy-9848134856.For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **SFS Hardware**

Name :

**GST INVOICE****SFS HARDWARE**

#30-26 3rd FLOOR PLOT NO 36  
BURHANI HOUSING SOCIETY RTC COLONY  
TRIMULGHEERY HYDERABAD 500-015

Mobile : 9550505717

Company's GSTIN: 36BJJPG3515K1Z6

Buyer:

**M/s. SUMMIT SALES LLP.**

5-4-187/3 & 4, II FLOOR, SOHAM MANSION, MG ROAD  
SECUNDERABAD - 500003

Buyer's GSTIN : 36ACQFS2044C1Z7

Invoice No : 323

Delivery challan no :

Dated: 19-12-2022

Dated :

PO NO : 94997 - 170557

PO Date : 14-12-2022

Despatched Through :

BY HAND / DRIVER

Despatched Date :

19-12-22

State Code: 36

| S.No                     | Description of Goods                     | HSN  | Quantity   | Rate       | GST %  | Amount   |
|--------------------------|------------------------------------------|------|------------|------------|--------|----------|
| 1                        | GI SLEEVES AND BULLETS SIZE : 08 X 50 MM | 7318 | 300.00 NOS | 4.72       | 18.00% | 1,416.00 |
| 2                        | GI SLEEVES AND BULLETS SIZE : 10 X 50 MM | 7318 | 300.00 NOS | 6.95       | 18.00% | 2,085.00 |
| TRANSPORTATION CHARGES : |                                          |      |            |            |        | 0.00     |
| TOTAL :                  |                                          |      |            |            |        | 3,501.00 |
| Total Tax Amount: 630.18 |                                          |      |            | CGST @ 9 % | 315.09 |          |
|                          |                                          |      |            | SGST @ 9 % | 315.09 |          |
|                          |                                          |      |            | Round off  | -0.18  |          |
| Grand Total              |                                          |      |            |            |        | 4,131.00 |

Amount Chargeable (in words)

**Rs: FOUR THOUSAND ONE HUNDRED AND THIRTY ONE ONLY**

**Company's Bank Details**

Current A/c No : 3719725147

Bank Name : CENTRAL BANK OF INDIA

IFSC Code : CBIN0283477

Branch : TRIMULGHEERY , HYD

**Declaration**

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

This is a computer generated Invoice / Subject to Secunderabad Jurisdiction.

**"TRUE COPY"**

**For SFS HARDWARE**

**Authorised Signatory**