

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

|                                                                                                                                                                                                                                        |                       |                                                                                                                                                                 |                               |                                                                     |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------|
| Date:                                                                                                                                                                                                                                  | 26/02/24              | Prepared by                                                                                                                                                     | V. RAVI                       | Serial no.                                                          |                  |
| Supplier name                                                                                                                                                                                                                          | Sathyavaram - Madurai |                                                                                                                                                                 |                               | HO inward no.                                                       |                  |
| Firm/Company                                                                                                                                                                                                                           | MPL                   | Project                                                                                                                                                         | MPL                           | HO received date                                                    |                  |
| PO/WO date                                                                                                                                                                                                                             | 19.10.23              | PO/WO No.                                                                                                                                                       | 20231019017                   | Scan ID:                                                            |                  |
| Sl no.                                                                                                                                                                                                                                 | Bill no.              | Bill date                                                                                                                                                       | Bill amount                   | Original attached                                                   |                  |
| 1.                                                                                                                                                                                                                                     | 1017                  | 01.11.23                                                                                                                                                        | 8467 - 0                      | <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):                                                                                                                                                                         |                       |                                                                                                                                                                 |                               | 8467 - 0                                                            |                  |
| 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.:                                                                                                                                                                                                                              | 20231102022           |                                                                                                                                                                 | 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:                                                                                                                                                                            |                       |                                                                                                                                                                 |                               | 8467 - 0                                                            |                  |
| Amount E - PO / WO value:                                                                                                                                                                                                              |                       |                                                                                                                                                                 |                               | 8467 - 0                                                            |                  |
| 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                                                                                                                                                                                                                     |                       | 01.03.24.                                                                                                                                                       |                               |                                                                     |                  |
| Remarks: find bill.                                                                                                                                                                                                                    |                       |                                                                                                                                                                 |                               |                                                                     |                  |
| Approved by                                                                                                                                                                                                                            | Purchase Officer      | Purchase Manager                                                                                                                                                | MD                            | Accountant                                                          | Accounts Manager |
| Name:                                                                                                                                                                                                                                  |                       | V. RAVI                                                                                                                                                         |                               |                                                                     |                  |
| Sign:                                                                                                                                                                                                                                  |                       |                                                                              |                               |                                                                     |                  |
| Date                                                                                                                                                                                                                                   |                       | 26.02.24                                                                                                                                                        |                               |                                                                     |                  |
| 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 weightment 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.

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

20231019017

|                                                                                                                                                                                                                                     |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|--------------------------------------------------------------|----------------|-------------------------------------------------------------------|
| PO no.:                                                                                                                                                                                                                             |                                                                   | PO date:                                                                           | 19.10.23    | Req. no.:                                                             |                                                              | Advice Scan ID |                                                                   |
| Barcoded PO available                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N | Invoice available                                                                  | original    | <input type="checkbox"/> Y/ <input type="checkbox"/> N                | <input checked="" type="checkbox"/> Copy available           | POD available  | <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N |
| Data required from site/engineers:                                                                                                                                                                                                  |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| MRN nos. related to PO                                                                                                                                                                                                              | 20231102032                                                       |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| <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:                                                                                                                                                                                                                |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| 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: DIVYA                                                                                                                                                                                                                  |                                                                   | Sign: [Signature]                                                                  |             |                                                                       | Date: 08.02.24                                               |                |                                                                   |
| 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: [Signature]                                                                                                                                                                                                            |                                                                   | Sign: [Signature]                                                                  |             |                                                                       | Date: 9/2/24                                                 |                |                                                                   |
| 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.                                                                                                                                                                                                                                  | 1017                                                              | 01/11/23                                                                           | 8467-10     | 20231102032                                                           |                                                              |                |                                                                   |
| 2.                                                                                                                                                                                                                                  |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| 3.                                                                                                                                                                                                                                  |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| 4.                                                                                                                                                                                                                                  |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| 5.                                                                                                                                                                                                                                  |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| Remarks: Need MD's Approval to get certified true copy.                                                                                                                                                                             |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| Prepared by: Ravi                                                                                                                                                                                                                   |                                                                   | Sign: [Signature]                                                                  |             |                                                                       | Date: 10.2.24                                                |                |                                                                   |
| Advice by MD - action to be taken.                                                                                                                                                                                                  |                                                                   |                                                                                    |             |                                                                       |                                                              |                |                                                                   |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                |                                                                   |                                                                                    |             | <input type="checkbox"/> Prepare bill in SSLLP for material supplied. |                                                              |                |                                                                   |
| <input checked="" 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**  
**22 FEB 2024**  
**SOHAM MODI**  
**MANAGING DIRECTOR**



GSTIN:36BCBPS4784B1ZJ

PAN: BCBPS4784B

# Sathyavarapu Hardwares

Dealers in : Kitchen Accessories &amp; Exclusive Hardware

# 2-3-576/2/2/A, Minister Road, Nallagutta, Secunderabad.

☎ : 040-66610337 ☎ : 98853 16000, ✉ : sathyavarapu\_ravi@yahoo.com

**TAX INVOICE-CASH/CREDIT**

- ☐ Original for Receipt  
☐ Duplicate for Transporter  
☐ Triplicate for Supplier

Invoice No. **1017** **23-24**Invoice Date : **01/11/2023**State : **Telangana**State Code **36**

Transportation Mode:

LR No:

Vehicle Number:

No. of Cases:

P.O. Number: **20231019017**

Place of Supply:

DETAILS OF CONSIGNEE:

BILLED TO

DETAILS OF RECEIVER:

SHIPPED TO

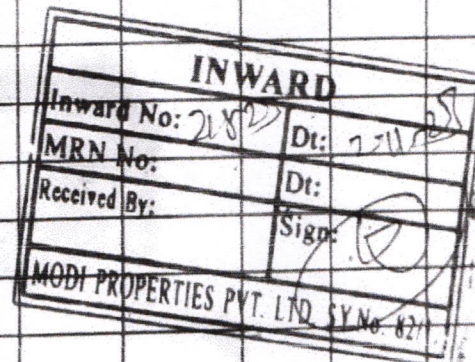
NAME: **MODI Properties Pvt Ltd**Address: **3rd floor, MCGS, Sec.**GSTIN: **36AA13M4961E2M**State: **telangana**State Code: **36**NAME: **20231019017**Address: **MAY flower Plot**

GSTIN:

State: State Code:

| S. No. | HSN/SAC Code | Description of Goods | Qty. | UoM | Rate   | Disc % | GST % | Taxable Amount (Rs.) |
|--------|--------------|----------------------|------|-----|--------|--------|-------|----------------------|
| 1      | 8302         | Door lock Steel wall | 7    | nos | 1050/- |        | 18    | 7145.00              |
| 2      |              |                      |      |     |        |        |       |                      |
| 3      |              |                      |      |     |        |        |       |                      |
| 4      |              |                      |      |     |        |        |       |                      |
| 5      |              |                      |      |     |        |        |       |                      |
| 6      |              |                      |      |     |        |        |       |                      |
| 7      |              |                      |      |     |        |        |       |                      |
| 8      |              |                      |      |     |        |        |       |                      |
| 9      |              |                      |      |     |        |        |       |                      |
| 10     |              |                      |      |     |        |        |       |                      |
| 11     |              |                      |      |     |        |        |       |                      |
| 12     |              |                      |      |     |        |        |       |                      |
| 13     |              |                      |      |     |        |        |       |                      |
| 14     |              |                      |      |     |        |        |       |                      |

Received By  
**M. Shekar**  
**9000978917**



**9000978917**

| HSN Code | Taxable Amount | GST% | CGST | SGST | IGST | Transport / If any      |         |
|----------|----------------|------|------|------|------|-------------------------|---------|
|          |                |      |      |      |      | Total Amount before Tax | 7145.00 |
|          |                |      |      |      |      | Add. CGST               | 1286.10 |
|          |                |      |      |      |      | Add. SGST               | 1286.10 |
|          |                |      |      |      |      | Add. IGST               |         |
|          |                |      |      |      |      | GRAND TOTAL             | 9717.20 |

**"TRUE COPY"**Amount in words: **Eight thousand seven hundred and fifteen only**

We Bank with:  
**HDFC BANK,**  
**Paradise Branch, Secunderabad**  
**Current Account: 00422000029168**  
**RTGS/IFSC Code: HDFC0000042**

\* Goods once sold will not be taken back  
 Subject to Secunderabad Jurisdiction E&O.E

Receiver's Signature with Stamp

**M. Shekar**  
**9000978917**

For **Sathyavarapu Hardwares**

Authorised Signatory

# MRN Report

|               |                        |             |                   |
|---------------|------------------------|-------------|-------------------|
| Project Name  | Mayflower Platinum     | PO Num      | 20231019017       |
| Supplier Name | Sathyavarapu Hardwares | PO Date     | 19 Oct 2023       |
| MRN Num       | 20231102032            | MRN Date    | 02 Nov 2023       |
| Vehicle Num   | TS10UB3122             | Received By | Naresh Ganeshwara |

| S.No | Item Name                            | PO Quantity | Received qty | Balance qty | Rate     | Discount | GST | IGST | SGST | CGST | Amount |
|------|--------------------------------------|-------------|--------------|-------------|----------|----------|-----|------|------|------|--------|
| 1    | HARD6505-Hardware-Door closer---Nos. | 7.00        | 7.00         | 0.00        | 1,025.00 | 0%       | 18% | 0%   | 9%   | 9%   | 8,467  |

| Sno | Role                      | User              | Remarks                                | Date And Time           |
|-----|---------------------------|-------------------|----------------------------------------|-------------------------|
| 1   | Security guard            | Mpl.mpppl         |                                        | 02 Nov 2023 04:34:47 pm |
| 2   | Const-Data Entry Operator | Subash            | full material received                 | 06 Nov 2023 05:38:29 pm |
| 3   | Admin - Audit             | Narendar Reddy. N | System Generated MRN Has Been Approved | 08 Nov 2023 12:00:46 pm |