

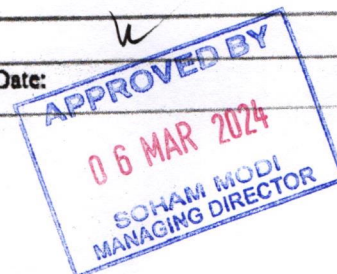
**ADMIN-AUDIT / PURCHASE DIVISION**  
Advice for Credit to Supplier - Manual

|                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                 |                               |                                                                     |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------|
| Date:                                                                                                                                                                                                                                             | 07.03.24         | Prepared by                                                                                                                                                     | V. RAVI                       | Serial no.                                                          |                  |
| Supplier name                                                                                                                                                                                                                                     | RINA SEEDS       |                                                                                                                                                                 |                               | HO inward no.                                                       |                  |
| Firm/Company                                                                                                                                                                                                                                      | VISPA            | Project                                                                                                                                                         | VISPA                         | HO received date                                                    |                  |
| PO/WO date                                                                                                                                                                                                                                        | 24.02.22         | PO/WO No.                                                                                                                                                       | 85871                         | Scan ID.                                                            |                  |
| Sl no.                                                                                                                                                                                                                                            | Bill no.         | Bill date                                                                                                                                                       | Bill amount                   | Original attached                                                   |                  |
| 1.                                                                                                                                                                                                                                                | 821              | 04.03.22                                                                                                                                                        | 24,000 - 00                   | <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):                                                                                                                                                                                    |                  |                                                                                                                                                                 |                               | 24,000 - 00                                                         |                  |
| Proof of delivery by way of: <input checked="" 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.:                                                                                                                                                                                                                                         | 103853           |                                                                                                                                                                 | 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:                                                                                                                                                                                       |                  |                                                                                                                                                                 |                               | 24,000 - 00                                                         |                  |
| Amount E - PO / WO value:                                                                                                                                                                                                                         |                  |                                                                                                                                                                 |                               | 24,000 - 00                                                         |                  |
| 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                                                                                                                                                                                                                                |                  | 10.03.24.                                                                                                                                                       |                               |                                                                     |                  |
| Remarks: find bill.                                                                                                                                                                                                                               |                  |                                                                                                                                                                 |                               |                                                                     |                  |
|                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                 |                               |                                                                     |                  |
| Approved by                                                                                                                                                                                                                                       | Purchase Officer | Purchase Manager                                                                                                                                                | M D                           | Accountant                                                          | Accounts Manager |
| Name:                                                                                                                                                                                                                                             |                  | V. RAVI                                                                                                                                                         |                               |                                                                     |                  |
| Sign:                                                                                                                                                                                                                                             |                  |                                                                              |                               |                                                                     |                  |
| Date                                                                                                                                                                                                                                              |                  | 07.03.24                                                                                                                                                        |                               |                                                                     |                  |
| 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 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.

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

|                                                                                                                                                                                                                                    |                                                                                     |                                                                                    |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| PO no.: 85871                                                                                                                                                                                                                      | PO date: 24-02-2024                                                                 | Req. no.: 180920                                                                   | Advice Scan ID                                                         |
| Barcoded PO available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N                                                                                                                                            | Invoice available <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N | original <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N         | Copy <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N |
| POD available <input checked="" type="checkbox"/> Y/ <input type="checkbox"/> N                                                                                                                                                    |                                                                                     |                                                                                    |                                                                        |
| <b>Data required from site/engineers:</b>                                                                                                                                                                                          |                                                                                     |                                                                                    |                                                                        |
| MRN nos. related to PO                                                                                                                                                                                                             |                                                                                     | 103853                                                                             |                                                                        |
| <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 at site.                                                                                                                                                                               |                                                                                     |                                                                                    |                                                                        |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide scanned copy of DCs/proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be scanned and sent to Ravi |                                                                                     |                                                                                    |                                                                        |
| Prepared by: V.Sanketh                                                                                                                                                                                                             |                                                                                     | Sign:                                                                              | Date: 06-03-2024                                                       |
| <b>Data required from accounts:</b>                                                                                                                                                                                                |                                                                                     |                                                                                    |                                                                        |
| <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:                                                       |
| <b>Details of part bill received:</b>                                                                                                                                                                                              |                                                                                     |                                                                                    |                                                                        |
| Sl. No.                                                                                                                                                                                                                            | Bill no.                                                                            | Bill date                                                                          | Bill amount                                                            |
| 1.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| 2.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| 3.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| 4.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| <b>Remarks by Accountants:</b>                                                                                                                                                                                                     |                                                                                     |                                                                                    |                                                                        |
| Prepared by:                                                                                                                                                                                                                       |                                                                                     | Sign:                                                                              | Date: 6/3/24                                                           |
| Notes: 1. POs/WOs issued for turnkey works - may have been processed by E&D. Check before filling the above.                                                                                                                       |                                                                                     |                                                                                    |                                                                        |
| Prepared by:                                                                                                                                                                                                                       |                                                                                     | Sign:                                                                              | Date:                                                                  |
| <b>Remarks by Ravi + details of bills to be approved:</b>                                                                                                                                                                          |                                                                                     |                                                                                    |                                                                        |
| Sl. No.                                                                                                                                                                                                                            | Bill no.                                                                            | Bill date                                                                          | Bill amount                                                            |
| 1.                                                                                                                                                                                                                                 | 821                                                                                 | 04.03.2022                                                                         | 24,000 - 00                                                            |
| 2.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| 3.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| 4.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| 5.                                                                                                                                                                                                                                 |                                                                                     |                                                                                    |                                                                        |
| Remarks: Need MD's Approval for enclosed certified true copy.                                                                                                                                                                      |                                                                                     |                                                                                    |                                                                        |
| Prepared by: Ravi                                                                                                                                                                                                                  |                                                                                     | Sign:                                                                              | Date: 06.03.24                                                         |
| <b>Advice by MD - action to be taken.</b>                                                                                                                                                                                          |                                                                                     |                                                                                    |                                                                        |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                               |                                                                                     | <input type="checkbox"/> Prepare bill in SSLP 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.                                                                                                                                           |                                                                                     |                                                                                    |                                                                        |
| <b>Remarks:</b>                                                                                                                                                                                                                    |                                                                                     |                                                                                    |                                                                        |
| Approved by: Soham                                                                                                                                                                                                                 |                                                                                     | Sign:                                                                              | Date:                                                                  |



GSTIN : 36AKAPK8182D1Z8

TAX INVOICE

23222835

66778470

# RITA SEEDS STORE

DEALERS IN : ALL KINDS OF SEEDS, FERTILIZERS & PESTICIDES OF MAHYCO, RALLIS  
INDOFIL, CIBA, STANES PRODUCTS & AGRICULTURAL IMPLEMENTS ETC

# 3-6-295/4, Hyderguda, Hyderabad-29 (T.S.) INDIA

No. 821

Date 4/3/2022

M/s.

Vista Homes

see bad - DBC no 85871/180920 dL

24/3/22

| Sl.<br>No.                                                                                                                                                               | PARTICULARS | Qty. | Rate   | Amount |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|--------|--------|-----|
|                                                                                                                                                                          |             |      |        | Rs.    | Ps. |
| 1.                                                                                                                                                                       | Bilitin     | 204  | 1200/- | 24000  | -0  |
| <div>INWARD</div> <div>Bill No: 26151 Dt: 2/05/22</div> <div>GRN No: 103853 Dt: 05/03/22</div> <div>Received By: Sign: [Signature]</div> <div>89777310 Vista Homes</div> |             |      |        |        |     |
|                                                                                                                                                                          |             |      |        |        |     |
|                                                                                                                                                                          |             |      |        |        |     |
|                                                                                                                                                                          |             |      |        |        |     |
| TOTAL                                                                                                                                                                    |             |      |        | 24000  | -0  |

Goods once sold will not be taken back or exchanged.  
Subject to Hyderabad Jurisdiction.

For RITA SEEDS STORE

Signature

## Purchase Order

Page(s) 1 Of 1

06-03-2024 17:29:53

Original / Office Copy / Purchase Div.Copy

From Company : **Vista Homes**  
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003  
G S T No. : 36AAGFV2068P1ZJ

| Supplier Details                                                                                             |                   |            |        |
|--------------------------------------------------------------------------------------------------------------|-------------------|------------|--------|
| Rita Seeds<br>Basheerbagh, Secunderabad.<br><br><b>GSTIN</b> 36AKAPK8182D1Z8<br>23222835,65168470 9949015953 | <b>Doc No</b>     | 85871      | 180920 |
|                                                                                                              | <b>Doc Date</b>   | 24-02-2022 |        |
|                                                                                                              | <b>Quote No</b>   | NIL        |        |
|                                                                                                              | <b>Quote Date</b> | 24-02-2022 |        |
|                                                                                                              | <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr. Suresh**

Purchase Order for the Supply of following Items.

| Item Name                                                        | Qty   | Rate     | Dis% | GST  | Amount    |
|------------------------------------------------------------------|-------|----------|------|------|-----------|
| 1 3103 - Chemicals - Blitex - NA - kgs<br>Gel small pkts ( 1kg ) | 20.00 | 1,200.00 | 0.00 | 0.00 | 24,000.00 |
| Total Order Value . . .                                          |       |          |      |      | 24,000.00 |
| Rupees : Twenty Four Thousand Only.                              |       |          |      |      |           |

**Terms and Conditions :-**

|                          |                                                                                                                                                                                                                                                  |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specification /</b>   | As per details given in the quotation.                                                                                                                                                                                                           |
| <b>Payment Terms</b>     | After Delivery & Production of bill                                                                                                                                                                                                              |
| <b>Tax</b>               | All taxes included in above price.                                                                                                                                                                                                               |
| <b>Delivery Date</b>     | Next Day.                                                                                                                                                                                                                                        |
| <b>Delivery Location</b> | Vista Homes<br>Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school<br>Phone. Contact: Mr. Khader - 7893844733                                                                                                               |
| <b>Penalty For Delay</b> | Nil                                                                                                                                                                                                                                              |
| <b>Transportation</b>    | Transport cost shall be borne by us.                                                                                                                                                                                                             |
| <b>Warranty</b>          | Nil                                                                                                                                                                                                                                              |
| <b>Advance Paid</b>      | Nil                                                                                                                                                                                                                                              |
| <b>Other Terms</b>       | We reserve the right to reject items not conforming to quality and specifications, Above order for plantation near E-Block purpose.                                                                                                              |
| <b>Completion Date</b>   | Nil                                                                                                                                                                                                                                              |
| <b>Measurment</b>        | Nil                                                                                                                                                                                                                                              |
| <b>Security</b>          | Nil                                                                                                                                                                                                                                              |
| <b>Remarks</b>           | Original invoice + copy of proof of delivery is required to process invoice for payment . Do not send original invoice to site. Original invoices must be sent to HO office or purchase site office. Proof of delivery /DC can be sent by email. |

For **Vista Homes**  
Authorised Signatory

Accepted the above Terms And Conditions  
For **Rita Seeds**

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

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

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

**Ph : 65168470  
23222835**

**DEALERS IN : ALL KINDS OF SEEDS, FERTILIZERS & PESTICIDES OF MAHYCO, RALLIS,  
INDOFIL, CIBA, STANES PRODUCTS & AGRICULTURAL, IMPLEMENTS ETC.  
# 3-6-295/4, Hyderguda, Hyderabad - 29.**

Date : 04/03/2022

M/s. Vista Homes  
See - bad PO# 85871/180920 dt 2/2/22

**"TRUE COPY"**

**For RITA SEEDS STORE**

**Signature**

Goods once sold will not be taken back or exchanged.  
Subject to Hyderabad Jurisdiction