# Purchase Order

Original

| | | | |
|---|---|---|---|
| From Company: | AMTZ Medpolis Square 801 Pvt Ltd<br>Vm Steel Projrt Town Ship Sub Post office,Ground, Plot. No: D1-56, HUB Building, AMTZ CAMPUS, Pragati maidan,Vishakhapatnam<br>Vishakapatanam,Andra Pradesh,530031<br>GSTNO:37AAXCA5638G1Z4 | Delivery Location: | AMTZ 801 Pvt Ltd<br>Vm Steel Projrt Town Ship Sub Post office,Ground, Plot. No: D1-56, HUB Building, AMTZ CAMPUS, Pragati maidan,Vishakhapatnam<br>Vishakapatanam,Andra Pradesh,530031<br>-,.. |

| Supplier Details | | | | |
|---|---|---|---|---|
| Reflections Electricals Pvt. Ltd.,<br>5-4-187,P.M complex 1st floor ,M.G. road, Secunderabad<br>Secunderabad, TG, 500003<br>GSTIN:36AADCR2047Q1ZZ<br>Shakib khan, 27543785..9849875767<br>reflections_hyderabad@yahoo.com | PO No | 20250904042 | Quote No | Nill |
| | PO Date | 04 Sep 2025 | Quote Date | 05 Sep 2025 |
| | Supply Type | Purchase Order | Requisition Num | 20250904030 |

| SNo. | Item Name | Qty | Rate | Dis% | Taxable Amount | GST% | | | | | | Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | IGST% | CGST% | SGST% | IGST AMT | CGST AMT | SGST AMT | |
| 1 | ELEC8652-Electrical-LED Light--misc-Nos. | 8.00 | 340.00 | 0% | 2,720 | 18.00% | 0% | 0% | 490 | 0 | 0 | 3,210 |
| Addl Spec | Require-6W | | | | | | | | | | | |
| | | | | | | | | **Total Amount ...** | 490 | 0 | 0 | 3,210 |
| Rupees in words : Three Thousand Two Hundred And Ten Only. | | | | | | | | | | | | |

Terms and Conditions:-

| | |
|---|---|
| Additional Specifications | Nill. |
| Tax : | Inclusive of GST and other taxes. |
| Delivery Date : | Within 2 days of PO |
| Delivery Location : | As given above. |
| Transport: | By Purchaser |

# Purchase Order

Original

| | | | |
|---|---|---|---|
| From Company: | AMTZ Medpolis Square 801 Pvt Ltd<br>Vm Steel Projrt Town Ship Sub Post office,Ground, Plot. No: D1-56, HUB Building, AMTZ CAMPUS, Pragati maidan,Vishakhapatnam<br>Vishakapatanam,Andra Pradesh,530031<br>GSTNO:37AAXCA5638G1Z4 | Delivery Location: | AMTZ 801 Pvt Ltd<br>Vm Steel Projrt Town Ship Sub Post office,Ground, Plot. No: D1-56, HUB Building, AMTZ CAMPUS, Pragati maidan,Vishakhapatnam<br>Vishakapatanam,Andra Pradesh,530031<br>-,.. |

| Supplier Details | | | | |
|---|---|---|---|---|
| Modi Housing Pvt. Ltd.,<br>SY NO 210 & 211 RAMPALLY VILLAGE GHATKESAR MANDAL MEDCHAL- MALKAJGIRI MANDAL, TG, 500051<br>GSTIN:36AADCM5906D2ZO<br>Hamendra, 9618244433<br>purchase@modiproperties.com | PO No | 20250905017 | Quote No | Nill |
| | PO Date | 05 Sep 2025 | Quote Date | 05 Sep 2025 |
| | Supply Type | Purchase Order | Requisition Num | 20250905012 |

| SNo. | Item Name | Qty | Rate | Dis% | Taxable Amount | GST% | | | | | | Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | IGST% | CGST% | SGST% | IGST AMT | CGST AMT | SGST AMT | |
| 1 | HARD3174-Hardware-Magnetic door stopper---Nos. | 4.00 | 119.60 | 0% | 478 | 18.00% | 0% | 0% | 86 | 0 | 0 | 565 |
| 2 | HARD3459-Hardware-Cylindrical Lock---Nos. | 3.00 | 606.00 | 0% | 1,818 | 18.00% | 0% | 0% | 327 | 0 | 0 | 2,145 |
| | | | | | | | | **Total Amount ...** | 413 | 0 | 0 | 2,710 |

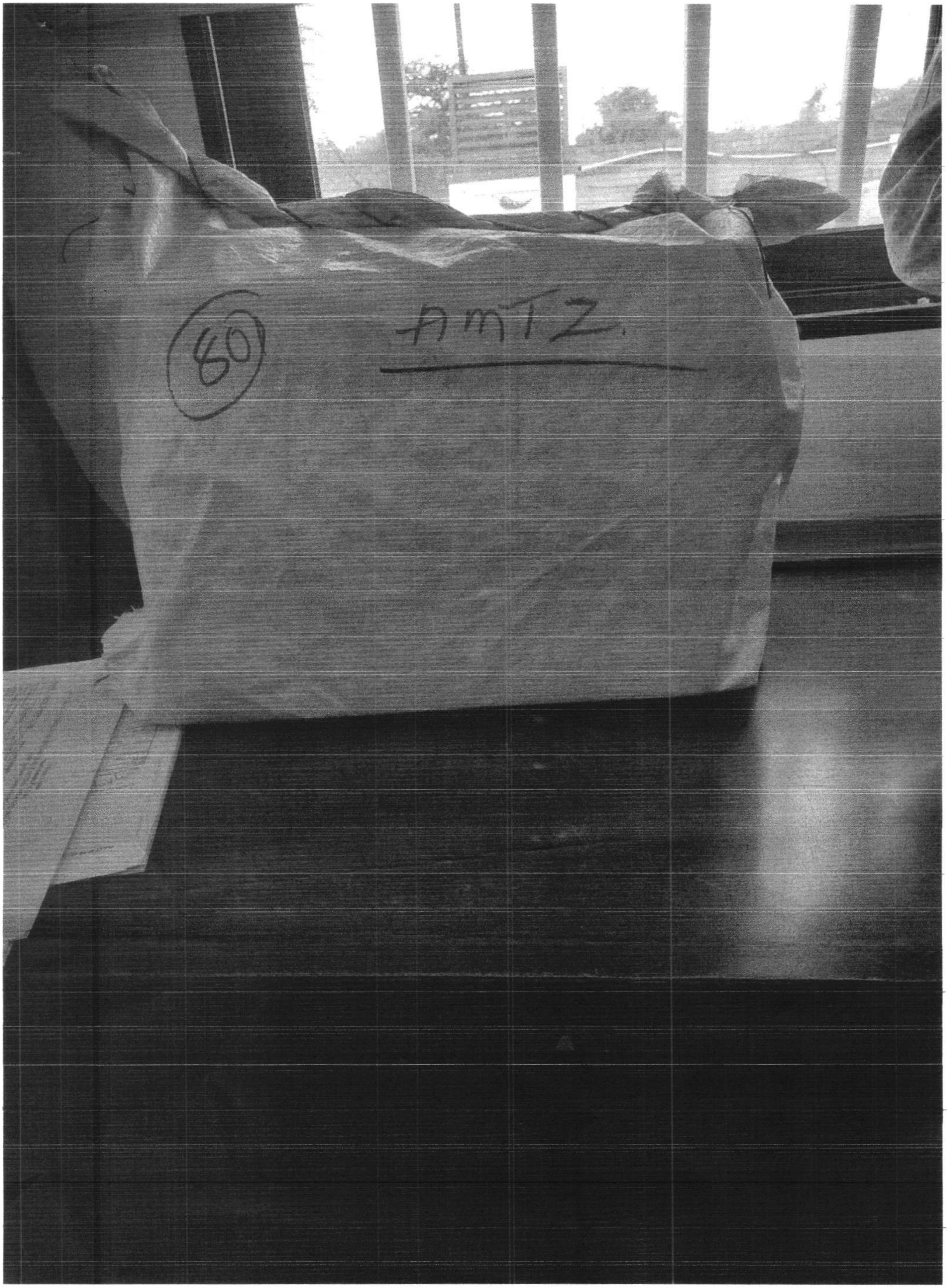
Rupees in words : Two Thousand Seven Hundred And Ten Only.

Terms and Conditions:-

| | |
|---|---|
| Additional Specifications | Nill. |
| Tax : | Inclusive of GST and other taxes. |
| Delivery Date : | Within 2 days of PO |
| Delivery Location : | As given above. |
| Transport: | By Purchaser |



20/09/25 10:23:20 AM


80
AMTZ.

# DEBIT VOUCHER

AMTZ MEDPOLIS SQUARE 801 Pvt. Ltd.

Voucher No. ____________

A/c. ____________ Date : 17/09/25

| Paid to SRINU PACKING | Rs. | Ps. |
|---|---|---|
| towards packing charges of AMTZ Vizag | 150/- | |
| Rupees One hundred and Fifty Rupees Only | | |
| Paid by Cheque / Cash — Cheque No. \| Dated \| Drawn on Bank | 150/- | |

APPROVED

26 SEP 2[illegible]

MINISH PARIKH

MANAGER PRO

Sadhana

Prepared by

Approved by

Receiver's Signature

# SINDHU PARCEL SERVICES

Head Office : Plot No. A-91, A-91/2, Pragathi Nagar, Bachupally Road, Hyderabad - 500 0

SINDHU PARCEL SERVICES

From : HCPL 7207999270

To GWKV 7207999240

Sender : REFLECTIONS ELE HYD-CHERLAPALLY

Receiver : AMTZ MEDPOLIS SQUARE 801 LTD, Ph: 9989461259 GAJUWAKA-VSP

| No. of Art. | Description (Said Contents) | | Unit Rate |
|---|---|---|---|
| 1 | POLYBAGS | | 250.00 |

Remarks: NOTE : RETURN BOOKING AVALABLE ANY LEAKAGE AND DAMAGE NO CLAIM

Invoice No.

Goods Value Rs. ----

Tot. Art. 1

E-way Bill :

Received

CUSTOMER CARE: 040-24447879, 24448889, 8985953865, 89859...

AT OWNER'S RISK ONLY

## DEBIT VOUCHER

AMTZ MEDPOLIS SQUARE 801 Pvt. Ltd.

Voucher No. ____________

A/c. ____________ Date : 17/09/25

| Particulars | Rs. | Ps. |
|---|---|---|
| Paid to SINDHU PARCEL SERVICES. | | |
| towards Polybags delivered to AMTZ vizag. Vide ~~po~~ LR NO:- GWKV150-AC77241 | 270/- | |
| Rupees Two hundred and Seventy Rupees only | | |
| Paid by Cheque / Cash — Cheque No. ____ Dated ____ Drawn on Bank ____ | 270/- | |

Prepared by Sadhana.

APPROVED
26 SEP
Approved by
MINISH PARIKH
MANAGER PRO

Receiver's Signature

Weekly - Petty cash /expense card statement

| | | | |
|---|---|---|---|
| Name | Selva kumar. | Statement date | 17/09/25 |
| Prepared by | Selva kumar. | Sign | |
| From period | 05/09/25 | To period | 06/09/25 |

| Sl No | Debit to company | Debit to project | Description of expense | Amount | Bill enclosed | GST bill |
|---|---|---|---|---|---|---|
| 1. | AMTZ | AMTZ | SINDHU PARCEL SERVICES. | | | |
| 2. | 801 | 801 | ~~Fe~~ Towards polybags delivered to | 270/- | | |
| 3. | | | AMTZ Vizag. vide no:- LRN:- | | | |
| 4. | | | GWKV150-AC77241 | | | |
| 5. | | | | | | |
| 6. | AMTZ | AMTZ | SRINU PACKING. | | | |
| 7. | 801 | 801 | Towards packing charges of | 150/- | | |
| 8. | | | Amtz Vizag. | | | |
| 9. | | | | 420/- | | |

| | | | | |
|---|---|---|---|---|
| Amount to be credited by | ☐ Transfer to Haapay card, ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c. ☐ Other: | | | |
| Approved by: | Div. Manager | Accountant | Accounts Manager | MD |
| Sign: | | | | |
| Date: | | | | |

Notes: 1. Scanned copy of this statement to be submitted before every Friday 2pm. 2. Original vouchers to be attached to this statement and send to respective accountant by Monday. 3. Accountants to make payment on receipt of scanned statement on Saturday. 4. If original statement with vouchers of last week is not received withhold further payment and salary. 5. Employee must maintain photocopy of all bills/vouchers for 3 months. 6. Division manager and accounts manager approval required for expenses of over 2,000/- per week. MDs approval is required for expenses of over 10,000/- per week.