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## PURCHASE DIVISION Advice for approval for credit to supplier

Dete:		21/5/20	010	Prepared	d by:		K.Q. Che	agulu	
PO/WO no		66986		PO / Wo	O Date.		6/5/2020		
Supplier Na	Cumplior Nama		PO/WO	amount		6611			
Supplier Name  SSLL  Firm/Company  SI. No.  Bill No.  1.  1)2\\ 2.  3.  Amount A – Bills total(Excluding Trans  SI. No.  DC No			1	Project			January dia		
Sl. No.		Bill No.		Bill Dat	е	I	Bill amount		
1.		11211		15	5/2010		6611		
2.							\		
3.									
Amount A	– Bills tot	al(Excluding Tra	nsport &Hamali Cl	narges):			6611		
Sl. No.	DC No		DC. Date		MRN No.	I	OC matches MRN		
1.	93	12	15/5/20	010	79035	- [	Yes 🗆 No		
2.		2.1					Yes □ No		
3.							Yes 🗆 No		
4.							Yes 🗆 No		
Amount B	Other Cr	edits:							
Amount C	-Other De	ebits :						•	
Amount D	(D=A+B-	C) – Amount to l	e credited to the su	pplier:			661/		
Amount E -	- PO / WO	O value:					6611		
Amount F -	- Differen	ce (A – E):			-				
Quantity re	ceived as	per PO /WO		Yes 🗆 Ex	cess received	Short rece	ived   Other (expl	ained below)	
Is differenc	e between	PO / Bill accept	able?	□-Yes □ No	(explained belo	ow)			
Excess / she	ort materi	al received		□ Approved	- within accept	table limit	s   No (explained)	below)	
Close PO /	W?O			□ Yes □ No	– wait for balar	nce materi	al   No (explained	below)	
Advance pa	id / PDC	given (deduct wh	en paying)	□ Yes - Rs.	/- □ No	_			
Payment -	due date			25)5	12010				
Remarks:					-				
							- Andrew Control of the Control of t	The second secon	
Approve			rchase Procur	1	The second secon	ccounts –	Accountant	Accounts	
by		Officer M	anager Man	PPI	D re	ceiver of bill		Manager	
Sign:	-	/ 1	No.	12 14:	79				
Date	91)	(1020 22	120	NISH PAF	RIKH				

Notes: 1. In case amount to be credited to supplier and the bills total does not match prepare JV for debit or credit.2. Attach additional sheets if quantity of bills or DCs is more than the space provided. Clearly mark the space provided with 'see attachment'. 3. Purchase Officer can approve Pos/Wosupto Rs. 5,000/-, Purchase Manager upto 25,000/- and Purchase Director thereafter. 4. Attach JV, Office copy of PO/WO, DCs and bills to this advice. 5. In Amount A, exclude transport, Hamali charges, etc and instead include in Amount B. 6. To be approved by accounts manager if bill value exceeds Rs. 10,000/-

## Summit Sales LLP #5-4-187/3 & 4, II Floor, Soham Mansion, M.G.Road, Secunderabad - 500003

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

#### GSTIN/UNI: 36ACOFS2044C17.7

1 of 1:15-05-2020

Customer Deta	ails				Invoice No.	11211		
GV Research C	entre Pvt Ltd				Invoice Date.	15-05-20	)20	
Genome Valley	, Shameerpet, hydera	ibad			PO No.	66986		
					PO Date.	06-05-20	20	
					Rea ID	56572		
GSTIN: 36A	AAHCG4562D1ZP				Req Date	18-04-20	20	
					Loc Req No	73480		
	Description of C		HSN/SAC	Qty	Rate	Gross	Tax%	Tax Amt
1 9600 - Too	ls - mask - NA - Nos			60	10.50	630.00	5	31.50
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ICCT	CCCT							
IGST	CGST	SGST	Total Taxable	Amount		630.00		31.50
	15.75	15.75	Total Invoice A	mount			661.50	
	The second secon		- Other HIT OICE F	·····			001 30	

for Summit Sales LLP

Authorised signatory

# Purchase Order

Page(s) 1 Of 1

21-05-2020 15:55:35

Original / Office Copy / Purchase Div.Copy

From Company: G V Reserch Centers Pvt Ltd

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500003

G S T No.: 36AAHCG4562D1ZP

	Doc No	66006	70.400		
5-4-187/3&4,II nd floor,Soham Mansion,MG Road, Secunderabad  GSTIN 36ACQFS2044C1Z7			73480		
			06-05-2020		
27	<b>Quote Date</b>	06-05-202	0		
9618244433	-				
	<b>Z</b> 7	Quote No Quote Date	Doc Date 06-05-202  Quote No Nil  Quote Date 06-05-202  Quote Date 06-05-202		

#### Kind Attn: Hamendra, Prabhakar

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 9600 - Tools - mask - NA - Nos	60.00	10.50	0.00	5.00	661.50
upees : Six Hundred Sixty One and Paise Fifty Only.		Total Or	der Value	2	661.50

#### Terms and Conditions :-

Specification / Brand

As per details given in the quotation.

**Payment Terms** 

After Delivery & Production of bill

Inclusive of all taxes

**Delivery Date** 

Next Day.

**Delivery Location** 

Innopolis

Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana

Phone. 9502211011

Penality For Delay

Nil

Transportation Cost

Transport cost shall be borne by us.

Warranty

Nil

**Advance Paid** 

Nil

Other Terms

We reserve the right items not confirming to qlty & specs. Above order for Labour and staff safety use purpose

Completion Date

Nil

Measurment Security

Nil

Remarks

Not received

Requisition Form

Site & Phase :   INNOPOLIS   Time:   10,00 AM   10 A		pany Name:	G.V.R.C			Date:			18.04.2020			
Material required before date:   21.04.2020   ID No.	*		INNOPOLIS	IOPOLIS					10.00 AM			
No									73480			
FACE MASK	Material required before date: 21.04.20			1.04.2020	II	ID No.						
	No	No Description			e		Quantity	Units	Inward No	Date		
Part	1	FACE MASK		STI	)		60	NO'S				
Remarks: FOR LABOUR WELFARE AT SITE.   Prepared By   V.RAVI   Approved by   G.VENKATESH     Sign.& Date   18.04.2020   Sign. & Date   18.04.2020     Note: On receipt of material at site write inward number and date in last 2 columns	2	9										
Remarks: FOR LABOUR WELFARE AT SITE.   Prepared By   V.RAVI   Approved by   G.VENKATESH     Sign.& Date   18.04.2020   Sign. & Date   18.04.2020     Note: On receipt of material at site write inward number and date in last 2 columns	2											
Prepared By         V.RAVI         Approved by         G.VENKATESH           Sign. & Date         18.04.2020         18.04.2020           Note: On receipt of material at site write inward number and date in last 2 columns Requisition Form           Requisition Form           Company Name:         Date:           Size Phase:         Time:           Supplier         Req. No.           Material required before date:         ID No.           No         Description         Size Quantity         Units Inward No         Date           1         Outplier												
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Prepared By         V.RAVI         Approved by         G.VENKATESH           Sign. & Date         18.04.2020         18.04.2020           Note: On receipt of material at site write inward number and date in last 2 columns Requisition Form           Requisition Form           Company Name:         Date:           Size Phase:         Time:           Supplier         Req. No.           Material required before date:         ID No.           No         Description         Size Quantity         Units Inward No         Date           1         Outplier												
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# Summit Sales LLP #5-4-187/3 & 4, II Floor, Soham Mansion, M.G.Road, Secunderabad - 500003

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

#### GSTIN/UNI: 36ACOFS2044C17.7

1 of 1:15-05-2020

(	Customer Details	DC No.	9337	
(	FV Research Centre Pvt Ltd	DC Date.	15-05-2020	
(	Genome Valley, Shameerpet, hyderabad	PO No.	66986	
		PO Date.	06-05-2020	
		Rea ID	56572	
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for Summit Sales LLP

Subject to Hyderabad Jurisdiction

Authorised signatory

### **Summit Sales LLP**

#5-4-187/3 & 4, II Floor, Soham Mansion, M.G.Road, Secunderabad - 500003

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

GSTIN/UNI: 36ACQFS2044C1Z7

1 of 1:15-05-2020

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for Summit Sales LLP