Summit Sales LLP (20-21)

M G Road, Ranigunj Secunderabad

State Name : Telangana, Code : 36

Purchase Voucher

No.: PUR/10038

Ref.: OF01148 dt. 6-May-2020

Party's Name: Om Sree Medisurge Inv

Plot No:-66C, Gorund Floor, Addagutta Society

Indian Rupees Twenty Two Thousand Four Hundred Only

Estern Hills, Kukatpally, Hyderabad

GSTIN/UIN : 36AABFO8145K1ZZ

			Amount
Particulars			741104111
Tools GST 12% Input CGST Input SGST		20,000.00 1,200.00 1,200.00	₹ 22,400.00
ě			
8			
Account of: Being amount credited to Om Sree Medisurge Inv toward-OF01148 dt:-06.05.2020 po no:-67257 dt:-04.05.2020	ds purchase of tools against invoi	ce no:	

for SUP-Om Sree Medisurge Inv

Amount (in words):

Dated: 23-May-2020

PURCHASE DIVISION Advice for approval for credit to supplier

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Date:	22	105	20	Pre	pared by:		Prabhakar			
PO/WO no.		67257			PO / WO Date.		11.2.11	20 1		
Supplier Name	OM L.	reed	Jedis	PO PO	/WO amount		92,450 to			
Firm/Company	Ood &	1 Sc	DS LL	Pro	ject		8+11	LLP.		
Sl. No.	Bill No.				Date		Bill amount			
1	OFO	1148	1		6/3/2	0 1	22411	0-10		
2										
3						**	/	A		
4										
Amount A – Bi	lls total(Excludir	ng Transpo	ort & Hai	mali Charges):			22,4	no-co		
Sl. No. DC	C No		DC. Date	e	MRN	No.	DC matches MI	RN		
1.	1			1			□ Yes □ No			
2.							□ Yes □ No			
3.							□ Yes □ No			
4.					□ Yes □ No					
Amount B –Oth	ner Credits : Tran	sportation	charges	100			-			
Amount C –Oth	ner Debits :				and a stig return than store the					
Amount D (D=	A+B-C) – Amou	nt to be cr	edited to	the supplier:			22,40	0,00		
Amount E – PC) / WO value:						22,40 22,40	0,-60		
Amount F – Di	fference (A – E):									
Quantity receiv	ed as per PO /W	0		Yes 🗆 Exc	ess received	☐ Short received	l Other (explain	ned below)		
Is difference be	tween PO / Bill a	acceptable	?	✓ Yes □ No	explained be	łōw)				
Excess / short n	naterial received			□ Approved	- within acce	ptable limits	No (explained be	elow)		
Close PO / W?	O			Yes No – wait for balance material No (explained below)						
Advance paid /	PDC given (ded	uct when	paying)	□ Yes – Rs. Vo No						
Payment – due				25	10					
Remarks:				1 233						
*					1					
Approved by	Purchase Officer	Purchas		Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager		
Sign:		121		1		Bheuran	los de	4 MALEN		
Date		02/5				23/5/2020	P X/	111/6/		

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/Wos upto Rs. 10,000/-, Purchase Manager or Procurement Manager to approve all bills from 10,000/- to 1,00,000/- . 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/- 7. MD to approve all bills above 1,00,000/-

TAX INVOICE

OM SREE MEDISURGE INC

To : SUMMIT SALES LLP 5-4-187/

M.G ROAD

HYDERABAD

PLOT NO.66C, GROUND FLOOR, ADDAGUTTA SOCIETY,

WESTERN HILLS, KUKATPALLY, HYDERABAD-72. Bank: HDFC A/CNO: 16392560000277, IFSC HDFC0001639

Phone :48552762,7416097446,9985056542 Mail ID: omsreemedisurge@gmail.com

SECUNDERABAD

2ND FLOOR

Code : SUMMIT DL Nos :

Gst No: 36ACQFS2044C1Z7

Ph: 9866244440 RepName: TRILOK CHAND

GST No : 36AABF08145K1ZZ

D.L No 21B: 424/RR/AP/2008/W

TaxInvNo : OF01148

InvDate: 06/05/2020

Type : Credit

S.No. MFG	Product Name	Pack	HsnCode Batch	Expriy	Qty	Free	M.R.P	Rate	Amount	GST%
1	INFRADED THERMOMETER	EACH	90251990 AD 801	12/2021	5		6990.00	4000.00	20000.00	12.00

INWARD Inward No: 14197 Dt: 0 Dt: MRN No: Sign: Received By: SUMMIT SALES LLP

Certified by: Stores Manager

Note: ***3ply Face Masks, PPE Kits, Hand Sanitizers 100-500Ml & 5Lts Availab

	ST% VALUE	CGST AMT	SGST% VALUE	SGST AMT				
0%:	0.00		0.00					
5%:	0.00	0.00	0.00	0.00	No. of Items:	1	SubTotal:	20000.00
12%:	10000.00	1200.00	10000.00	1200.00	No. of Units:	5	Less Disc:	0.00
18%:	0.00	0.00	0.00	0.00	(-/+) Adjust:	0.00	Gst Amt:	2400.00
28%:	0.00	0.00	0.00	0.00	Rounding :	0.00		

Twenty Two Thousand Four Hundred Rupees Only

NET PAYABLE: 22400.00

For OM SREE MEDISURGE INC

Authorised Signatory

The goods supplied in this invoice do not contravene se lion 18 of the drugs & cosmetics act 1940. Subject To HYDERABAD Jurisdiction. E.&O.E.

Customer Signtory

Purchase Order

Page(s) 1 Of 1

19-May-20 10:43:48 AM



15.05.20 11:58:47

From Company:

Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Supplier Details

Om Sree Medisurge Inc

Plot 66C, ground floor, Addagutta society, Western hills, Kuatpally,

Hyderabad-500072.

GSTIN 36AABFO8145K1ZZ

040-48552762

7416097446

Doc No 67257 14531 **Doc Date** 04-05-2020

Quote No Nil

Quote Date 19-05-2020

SupplyType Supply

Kind Attn: Trilok

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 9601 - Tools - Infra-red Thermometer - NA - Nos	5.00	4,000.00	0.00	12.00	22,400.00
		Total Or	der Value	e	22,400.00

Terms and Conditions :-

Specification / Brand

Infra red thermometer for temparature chechking at sites and office

Payment Terms

After delivery

Tax

Including

Delivery Date

With in two days

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

9618244433, Hamendra, 9502266233, Mahesh.

Penality For Delay

Nil

Transportation Cost Nil

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications above order is for sites use purpose.

Completion Date

Nil

Measurment

Nil

Security Remarks Nil Nil

For Summit Sales LLP

Authorised Signatory

Accepted the above Terms And Conditions For Om Sree Medisurge Inc

Date : __/_/_

Requisition Form

Con	npany Name:	0011-		Requisi	tion Fo	orm				
					Date:			15.05.2020		
1	& Phase : SHLLP				Time:			14.00		
	plier				Req. N	0				
Mate	erial required before d	ate:	URGENT		ID No.			14531		
No		Description						S6898 Inward No Date		
1	INFRARED THER	MO SCANNER				5	Units	mward No		
2			X				1103			
3		λ O/	9		2/					
4				10	VI					
5				0	10					
6				-	0					
7				10	1					
8			v							
_9			· ·							
Rema	arks: FOR SSLLP STO	OCK MAINTAIN	ANCE					•		
Prepa	red By	SOWMYA			Approve	ed by				
	& Date	15.05.2020			Sign. &	Date				
	& Date : On receipt of materi			and date in	Sign. &	Date				

write inward number and date in last 2 columns.