Summit Sales LLP (20-21)
M G Road, Ranigunj
Secunderabad
State Name : Telangana, Code : 36

Purchase Voucher

No. : **PUR/10022**
Ref.: **94 dt. 5-May-2020**

Dated : **16-May-2020**

Party's Name: **SUP-Apex chromatography Pvt Ltd**
Plot NO:-35, Stree No:-3,Sagar Society,Banjara Hill
GSTIN/UIN : **36AAFCA5061P1ZC**

Particulars		Amount
Tools GST 18%	*19,500.00*	**₹ 23,010.00**
Input CGST	*1,755.00*	
Input SGST	*1,755.00*	

On Account of :

Being amount credited to Apex chromatography Pvt Ltd towards purchase of tools against invoice no: -94 dt:-05.05.2020po no:-66950 dt:-27.04.2020

Amount (in words) :

Indian Rupees Twenty Three Thousand Ten Only

for SUP-Apex Chromatography Pvt Ltd

Prepared by: tuljabhavani@modiproperties.com Approved by Receiver's Signature

PURCHASE DIVISION
Advice for approval for credit to supplier

E

Date:	11\5\2020	Prepared by:	K. R. Chaganlu
PO/WO no.	66950	PO / WO Date.	27/4/2020
Supplier Name	Apex Chromatography Pvt Ltd	PO/WO amount	23,010/-
Firm/Company	SSLLP	Project	SHLLP
Sl. No.	Bill No.	Bill Date	Bill amount
1.	94	5/5/2020	23,010/-
2.			
3.			
4.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			23,010/-

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.				□ Yes □ No
2.				□ Yes □ No
3.				□ Yes □ No
4.				□ Yes □ No

Amount B –Other Credits :	—
Amount C –Other Debits :	—
Amount D (D=A+B-C) – Amount to be credited to the supplier:	23,010/-
Amount E – PO / WO value:	23,010/-
Amount F – Difference (A – E):	—
Quantity received as per PO /WO	☑ Yes □ Excess received □ Short received □ Other (explained below)
Is difference between PO / Bill acceptable?	~~□ Yes □ No (explained~~ below)
Excess / short material received	□ Approved – within acceptable limits □ No (explained below)
Close PO / W?O	☑ Yes □ No – wait for balance material □ No (explained below)
Advance paid / PDC given (deduct when paying)	~~□ Yes – Rs.____/- □ No~~
Payment – due date	28/03/20 18\5\2020
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	✓	[signature]	[signature] APPROVED MINISH PARIKH MANAGER PROCUREMENT		Bhavani	[signature]	[signature]
Date	11/5/2020	11/5			15/5/2020.	18/5	22 MAY

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. 5,000/-, Purchase Manager and Procurement Manager to approve all bills from 5,000/- to 1,00,000/- . 4. Attach JV, Office copy of PO/WO, DCs and bills to this advice. 5. In Amount A, exclude

Apex C hromatog raphy Pvt. Ltd.

Plot No.35, S Street No.03, Saga ar Society, Banjara Hills, Hyderabad 500034 Telangan a(36)
Tel : 040 - 2 3559696, 235575 72, Email : sales@apexchrom.com/ accounts@apexch rom.com
GST: 36AA FCA5061P1ZC PAN: AAFCA5061P CIN: U241 10TG2005PTC0 48520
Regd.Office: 2-3-17/5, M.G.Road, Secunderabad - 500003, Telangana

Original :
Duplicate
Triplicate:

TAX INVOICE

Bill To :
M/S.: SUM MIT SALES LLP (SU000029)

5-4-187/3&4
II ND FLOOR
MG ROAD SECUNDERABAD
Hyderabad, 500003
GST No : 36ACQFS2044C1Z7
State : Telangana (36)
PAN No : ACQFS204 4C

Ship To :
5-4-187/3&4
II ND FLOOR
MG ROAD SECUNDERABAD
Hyderabad,500003
GST No : 36ACQFS2044C1Z7
State : Telangana (36)

Invoice No. : **A20-00093** **Date** :
eWayBill No : Date :
ChallanNo : 94 Date :
Order Ref. : 66950/14501 Date :
Transport :
LR No. : LR Date :
Freight : 0.00 Due On :

Sr.	Brand	Product Description	CAT No.	HSN/SAC	ChL No.	Qty	Packing	Basic Rate	Disc %	Taxable Amount	SGST %	SGST Amount	CGST %	CGST Amount	IGST %	IGST Amount
01	CHROMACCE	Face shield	MISC	65061010	94	300.00	EACH	65.00	0.00	19500.00	9.0	1755.00	9.0	1755.00		
		Grand Total				300.00				19500.00		1755.00		1755.00		

INWARD
No: 65409
Date: 15/5/20

INWARD	
Inward No: 14195	Dt: 5/5/20
MRN No:	Dt:
Received By:	Sign:
SUMMIT SALES LLP	

Certified by:
Stores Manager

RUPEES : TWENTY-THREE THOUSAND TEN ONLY.

Remarks:

I/We hereby certify that my/our registration certificate under the Goods and services Act 2017,is in force on the date on which the sale of the goods specified in this tax invoice,is made by me/us & that the transaction of sale covered in this tax invoice has been affected by me/us & it shall be accounted for in turnover of sale while filling of returns & the due tax, if any,payable on the sale has been paid or shall be paid.

Subject to Hyderabad Jurisdiction Only

For Apex Chromatography

Authorised :

Purchase Order

 30-Apr-20 4:44:17 PM Copy

66950
06.05.20 1:44:18

From Company : **Summit Sales LLP**
5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details			
Apex Chromatography Pvt. Ltd.	**Doc No**	66950	14501
Plot no-35, Street no-3, Sagar Society, Banjara Hills, Hyderabad-500034, TS.	**Doc Date**	27-04-2020	
	Quote No	Nil	
GSTIN 36AAFCA5061P1ZC	**Quote Date**	27-04-2020	
9704744440 9704744440	**SupplyType**	Supply	

Kind Attn : Trilok

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	9545 - Tools - Helmet - other - nos *Covid protection face shield*	300.00	65.00	0.00	18.00	23,010.00
					Total Order Value . . .	**23,010.00**

Rupees : Twenty Three Thousand Ten Only.

Terms and Conditions :-

Specification / Brand	Face shield for protection from covid 19, with elastic imported.
Payment Terms	After delivery
Tax	Included
Delivery Date	With in a day
Delivery Location	Summit Housing LLP Cherlapally,Behind Kingston PG college, Hyderabad Phone. 9618244433, Hamendra,9502266233, Mahesh.
Penality For Delay	Nil
Transportation Cost	Nil
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the rights to reject the items if not as specified specifications, above order for staff purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	Nil

For ***Summit Sales LLP***

Authorised Signatory

Name : ______________________

Accepted the above Terms And Conditions

For ***Apex Chromatography Pvt. Ltd.***

Name : ______________________

Date : __/__/____

Requisition Form

Company Name:	SSLLP	Date:	27-04-2020
Site & Phase :	SHLLP	Time:	16:00
Supplier		Req. No.	14501
Material required before date:	30.04.2020	ID No.	56613

No	Description	Size	Quantity	Units	Inward No	Date
1	**Covid protection face sheild**	NA	300	NO		
2						
3						
4	66950					
5						
6						
7						
8						
9						
10						

Remarks: For Staff Purpose

Prepared By	V.Ravali	Approved by	APPROVED
Sign.& Date	27.04.2020	Sign. & Date	15 [illegible]

Note: On receipt of material at site write inward number and date in last 2 columns.

MINISH PARIKH
MANAGER PROCUREMENT