

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                               |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
|---------------------------------------------------------------|------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|------------|------------------|
| Date:                                                         |                  | 4/6/20           |                                                                                                                                                                           | Prepared by:                                                        |                             | Soumya.    |                  |
| PO/WO no.                                                     |                  | 66992            |                                                                                                                                                                           | PO / WO Date.                                                       |                             | 6/5/20     |                  |
| Supplier Name                                                 |                  | SSILP            |                                                                                                                                                                           | PO/WO amount                                                        |                             | 884.80     |                  |
| Firm/Company                                                  |                  | NE               |                                                                                                                                                                           | Project                                                             |                             | NE         |                  |
| Sl. No.                                                       | Bill No.         | Bill Date        | Bill amount                                                                                                                                                               |                                                                     |                             |            |                  |
| 1.                                                            | 91501            | 2/6/20.          | 884.80                                                                                                                                                                    |                                                                     |                             |            |                  |
| 2.                                                            |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| 3.                                                            |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                  | 884.80                                                                                                                                                                    |                                                                     |                             |            |                  |
| Sl. No.                                                       | DC No            | DC. Date         | MRN No.                                                                                                                                                                   | DC matches MRN                                                      |                             |            |                  |
| 1.                                                            | 91595            | 2/6/20.          | 79530                                                                                                                                                                     | <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 B –Other Credits :                                     |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Amount C –Other Debits :                                      |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:   |                  |                  | 884.80                                                                                                                                                                    |                                                                     |                             |            |                  |
| Amount E – PO / WO value:                                     |                  |                  | 884.80                                                                                                                                                                    |                                                                     |                             |            |                  |
| Amount F – Difference (A – E):                                |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Quantity received as per PO / WO                              |                  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below) |                                                                     |                             |            |                  |
| Is difference between PO / Bill acceptable?                   |                  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                     |                                                                     |                             |            |                  |
| Excess / short material received                              |                  |                  | <input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                                     |                                                                     |                             |            |                  |
| Close PO / W?O                                                |                  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)                             |                                                                     |                             |            |                  |
| Advance paid / PDC given (deduct when paying)                 |                  |                  | <input type="checkbox"/> Yes – Rs. <input checked="" type="checkbox"/> No                                                                                                 |                                                                     |                             |            |                  |
| Payment – due date                                            |                  |                  | 6/6/20                                                                                                                                                                    |                                                                     |                             |            |                  |
| Remarks:                                                      |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
|                                                               |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
|                                                               |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Approved by                                                   | Purchase Officer | Purchase Manager | Procurement Manager                                                                                                                                                       | M D                                                                 | Accounts – receiver of bill | Accountant | Accounts Manager |
| Sign:                                                         |                  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Date                                                          | 4/6/20           | 12/6             | 12/6                                                                                                                                                                      |                                                                     |                             |            |                  |

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. 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 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/-

**Summit Sales LLP**

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

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

**GSTIN/UNI: 36ACQFS2044C1Z7**

1 of 1 : 02-06-2020

| Customer Details                                                                                        |                                               |         |       | Invoice No.          |        | 11501      |         |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------|-------|----------------------|--------|------------|---------|
| Nilgiri Estates<br>Sy No.143/133/134/135/136, Rampally,keesara,Hyderabad<br><br>GSTIN : 36AAHFN0766F1ZA |                                               |         |       | Invoice Date.        |        | 02-06-2020 |         |
|                                                                                                         |                                               |         |       | PO No.               |        | 66992      |         |
|                                                                                                         |                                               |         |       | PO Date.             |        | 06-05-2020 |         |
|                                                                                                         |                                               |         |       | Req ID               |        | 56672      |         |
|                                                                                                         |                                               |         |       | Req Date             |        | 06-05-2020 |         |
|                                                                                                         |                                               |         |       | Loc Req No           |        | 72761      |         |
|                                                                                                         | Description of Goods                          | HSN/SAC | Qty   | Rate                 | Gross  | Tax%       | Tax Amt |
| 1                                                                                                       | 4112 - Consumables - Sanitizer - 500 ml - Nos |         | 1     | 200.00               | 200.00 | 12         | 24.00   |
| 2                                                                                                       | 9600 - Tools - mask - NA - Nos<br>FaceSheilds |         | 8     | 70.00                | 560.00 | 18         | 100.80  |
| 3                                                                                                       |                                               |         |       |                      |        |            |         |
| 4                                                                                                       |                                               |         |       |                      |        |            |         |
| 5                                                                                                       |                                               |         |       |                      |        |            |         |
| 6                                                                                                       |                                               |         |       |                      |        |            |         |
| 7                                                                                                       |                                               |         |       |                      |        |            |         |
| 8                                                                                                       |                                               |         |       |                      |        |            |         |
| 9                                                                                                       |                                               |         |       |                      |        |            |         |
| 10                                                                                                      |                                               |         |       |                      |        |            |         |
| 11                                                                                                      |                                               |         |       |                      |        |            |         |
| 12                                                                                                      |                                               |         |       |                      |        |            |         |
| 13                                                                                                      |                                               |         |       |                      |        |            |         |
| 14                                                                                                      |                                               |         |       |                      |        |            |         |
| 15                                                                                                      |                                               |         |       |                      |        |            |         |
| IGST                                                                                                    |                                               | CGST    | SGST  | Total Taxable Amount |        | 760.00     | 124.80  |
|                                                                                                         |                                               | 62.40   | 62.40 | Total Invoice Amount |        | 884.80     |         |
| Rupees : Eight Hundred Eighty Four and Paise Eighty Only.                                               |                                               |         |       |                      |        |            |         |

Subject to Hyderabad Jurisdiction



for Summit Sales LLP

Authorised signatory

## Purchase Order

Page(s) 1 Of 1

23-05-2020 16:25:15

Or



66992

06.05.20 1:44:18

From Company : **Nilgiri Estates**  
5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003.  
G S T No. : 36AAHFN0766F1ZA

### Supplier Details

Summit Sales LLP  
5-4-187/3&4,II nd floor,Soham Mansion,MG Road, Secunderabad

GSTIN 36ACQFS2044C1Z7

040-66335551

9618244433

|            |            |       |
|------------|------------|-------|
| Doc No     | 66992      | 72761 |
| Doc Date   | 06-05-2020 |       |
| Quote No   | Nil        |       |
| Quote Date | 06-05-2020 |       |
| SupplyType | Supply     |       |

**Kind Attn : Hamendra,Prabhakar**

Purchase Order for the Supply of following Items.

| Item Name                                                 | Qty  | Rate   | Dis% | GST   | Amount |
|-----------------------------------------------------------|------|--------|------|-------|--------|
| 1 4112 - Consumables - Sanitizer - 500 ml - Nos           | 1.00 | 200.00 | 0.00 | 12.00 | 224.00 |
| 2 9600 - Tools - mask - NA - Nos<br>FaceSheilds           | 8.00 | 70.00  | 0.00 | 18.00 | 660.80 |
| Total Order Value . . .                                   |      |        |      |       | 884.80 |
| Rupees : Eight Hundred Eighty Four and Paise Eighty Only. |      |        |      |       |        |

### Terms and Conditions :-

**Specification / Brand** As per details given in the quotation.**Payment Terms** After Delivery & Production of bill**Tax** Inclusive of all taxes**Delivery Date** Next Day.**Delivery Location** Nilgiri Estate  
Sy.No.143/133/134/135/136, Rampally Village.  
Phone. 9030931172, 8297349480**Penalty 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 qty & specs. Above order for Labour and staff safety use purpose**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**

### Requisition Form

| Company Name:                  |              | NILGIRI ESTATES |          | Date:    |           | 05-05-2020 |  |
|--------------------------------|--------------|-----------------|----------|----------|-----------|------------|--|
| Site & Phase :                 |              | NILGIRI ESTATE  |          | Time:    |           | 10:28      |  |
| Supplier                       |              |                 |          | Req. No. |           | 72761      |  |
| Material required before date: |              |                 |          |          |           | ID No.     |  |
|                                |              |                 |          |          |           | 56672      |  |
| No                             | Description  | Size            | Quantity | Units    | Inward No | Date       |  |
| 1                              | Sanitizers   | 500ml           | 01       | No's     |           |            |  |
| 2                              | Face shields | STD             | 08       | No's     |           |            |  |
| 3                              |              |                 |          |          |           |            |  |
| 4                              |              |                 |          |          |           |            |  |
| 5                              |              |                 |          |          |           |            |  |
| 6                              |              |                 |          |          |           |            |  |
| 7                              |              |                 |          |          |           |            |  |
| 8                              |              |                 |          |          |           |            |  |
| 9                              |              |                 |          |          |           |            |  |
| 10                             |              |                 |          |          |           |            |  |

Remarks: - For Site use Purpose

|              |            |              |      |
|--------------|------------|--------------|------|
| Prepared By  | Sandeesh   | Approved by  | Anil |
| Sign. & Date | 05-05-2020 | Sign. & Date |      |

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



| Company Name:                  |             |      |          | Date:    |           |        |  |
|--------------------------------|-------------|------|----------|----------|-----------|--------|--|
| Site & Phase :                 |             |      |          | Time:    |           |        |  |
| Supplier                       |             |      |          | Req. No. |           |        |  |
| Material required before date: |             |      | Urgent   |          |           | ID No. |  |
|                                |             |      |          |          |           |        |  |
| No                             | Description | Size | Quantity | Units    | Inward No | Date   |  |
| 1                              |             |      |          |          |           |        |  |
| 2                              |             |      |          |          |           |        |  |
| 3                              |             |      |          |          |           |        |  |
| 4                              |             |      |          |          |           |        |  |
| 5                              |             |      |          |          |           |        |  |
| 6                              |             |      |          |          |           |        |  |
| 7                              |             |      |          |          |           |        |  |
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| 9                              |             |      |          |          |           |        |  |
| 10                             |             |      |          |          |           |        |  |

Remarks:

|              |  |              |  |
|--------------|--|--------------|--|
| Prepared By  |  | Approved by  |  |
| Sign. & Date |  | Sign. & Date |  |

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

**Summit Sales LLP**

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

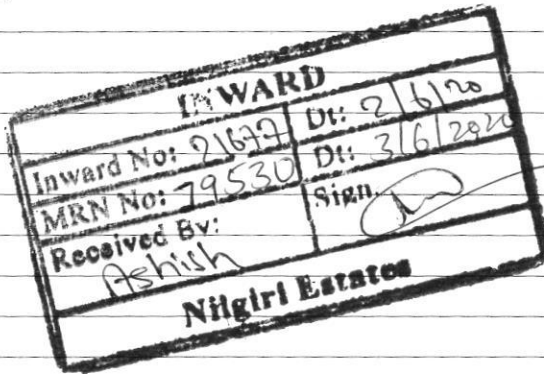
Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

**GSTIN/UNI: 36ACQFS2044C1Z7**

1 of 1 : 02-06-2020

| Customer Details                                      |                                               | DC No.     | 9595       |
|-------------------------------------------------------|-----------------------------------------------|------------|------------|
| Nilgiri Estates                                       |                                               | DC Date.   | 02-06-2020 |
| Sy No.143/133/134/135/136, Rampally,keesara,Hyderabad |                                               | PO No.     | 66992      |
|                                                       |                                               | PO Date.   | 06-05-2020 |
|                                                       |                                               | Req ID     | 56672      |
| GSTIN : 36AAHFN0766F1ZA                               |                                               | Req Date   | 06-05-2020 |
|                                                       |                                               | Loc Req No | 72761      |
|                                                       | Description of Goods                          | HSN/SAC    | Qty        |
| 1                                                     | 4112 - Consumables - Sanitizer - 500 ml - Nos |            | 1          |
| 2                                                     | 9600 - Tools - mask - NA - Nos                |            | 8          |
| 3                                                     |                                               |            |            |
| 4                                                     |                                               |            |            |
| 5                                                     |                                               |            |            |
| 6                                                     |                                               |            |            |
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| 17                                                    |                                               |            |            |
| 18                                                    |                                               |            |            |
| 19                                                    |                                               |            |            |
| 20                                                    |                                               |            |            |
| 21                                                    |                                               |            |            |
| 22                                                    |                                               |            |            |
| 23                                                    |                                               |            |            |
| 24                                                    |                                               |            |            |
| 25                                                    |                                               |            |            |
| 26                                                    |                                               |            |            |
| 27                                                    |                                               |            |            |
| 28                                                    |                                               |            |            |
| 29                                                    |                                               |            |            |
| 30                                                    |                                               |            |            |



for Summit Sales LLP

Authorised signatory

Subject to Hyderabad Jurisdiction

## TAX INVOICE

**Summit Sales LLP**

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

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

**GSTIN/UNI: 36ACQFS2044C1Z7**

1 of 1 : 02-06-2020

| Customer Details                                      |                                               |         |                      | Invoice No.   | 11501      |      |         |
|-------------------------------------------------------|-----------------------------------------------|---------|----------------------|---------------|------------|------|---------|
| Nilgiri Estates                                       |                                               |         |                      | Invoice Date. | 02-06-2020 |      |         |
| Sy No.143/133/134/135/136, Rampally,keesara,Hyderabad |                                               |         |                      | PO No.        | 66992      |      |         |
|                                                       |                                               |         |                      | PO Date.      | 06-05-2020 |      |         |
|                                                       |                                               |         |                      | Req ID        | 56672      |      |         |
|                                                       |                                               |         |                      | Req Date      | 06-05-2020 |      |         |
| GSTIN : 36AAHFN0766F1ZA                               |                                               |         |                      | Loc Req No    | 72761      |      |         |
|                                                       | Description of Goods                          | HSN/SAC | Qty                  | Rate          | Gross      | Tax% | Tax Amt |
| 1                                                     | 4112 - Consumables - Sanitizer - 500 ml - Nos |         | 1                    | 200.00        | 200.00     | 12   | 24.00   |
| 2                                                     | 9600 - Tools - mask - NA - Nos<br>FaceSheilds |         | 8                    | 70.00         | 560.00     | 18   | 100.80  |
| 3                                                     |                                               |         |                      |               |            |      |         |
| 4                                                     |                                               |         |                      |               |            |      |         |
| 5                                                     |                                               |         |                      |               |            |      |         |
| 6                                                     |                                               |         |                      |               |            |      |         |
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| 12                                                    |                                               |         |                      |               |            |      |         |
| 13                                                    |                                               |         |                      |               |            |      |         |
| 14                                                    |                                               |         |                      |               |            |      |         |
| 15                                                    |                                               |         |                      |               |            |      |         |
| IGST                                                  | CGST                                          | SGST    | Total Taxable Amount |               | 760.00     |      | 124.80  |
|                                                       | 62.40                                         | 62.40   | Total Invoice Amount |               | 884.80     |      |         |

Rupees : Eight Hundred Eighty Four and Paise Eighty Only.

for Summit Sales LLP

Authorised signatory

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