

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                               |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|------------|------------------|
| Date:                                                         |                                                                                     | 23/6/20          |                                                                                                                                                                           | Prepared by:                                                        |                             | T. Shastri |                  |
| PO/WO no.                                                     |                                                                                     | 67601            |                                                                                                                                                                           | PO / WO Date.                                                       |                             | 30/6/20    |                  |
| Supplier Name                                                 |                                                                                     | Radiant Systems  |                                                                                                                                                                           | PO/WO amount                                                        |                             | 885        |                  |
| Firm/Company                                                  |                                                                                     | Vista Homes      |                                                                                                                                                                           | Project                                                             |                             | Vista      |                  |
| Sl. No.                                                       | Bill No.                                                                            | Bill Date        |                                                                                                                                                                           | Bill amount                                                         |                             |            |                  |
| 1.                                                            | 081                                                                                 | 12/6/20          |                                                                                                                                                                           | 885                                                                 |                             |            |                  |
| 2.                                                            |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| 3.                                                            |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| 4.                                                            |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             | 885        |                  |
| Sl. No.                                                       | DC No                                                                               | DC. Date         | MRN No.                                                                                                                                                                   | DC matches MRN                                                      |                             |            |                  |
| 1.                                                            |                                                                                     |                  | 80097                                                                                                                                                                     | <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:   |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             | 885        |                  |
| Amount E – PO / WO value:                                     |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             | 885        |                  |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                                |                                                                     |                             |            |                  |
| Excess / short material received                              |                                                                                     |                  | <input type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                                                |                                                                     |                             |            |                  |
| Close PO / WO                                                 |                                                                                     |                  | <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                                            |                                                                                     |                  | 26/6/20                                                                                                                                                                   |                                                                     |                             |            |                  |
| Remarks:                                                      |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
|                                                               |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
|                                                               |                                                                                     |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Approved by                                                   | Purchase Officer                                                                    | Purchase Manager | Procurement Manager                                                                                                                                                       | M D                                                                 | Accounts – receiver of bill | Accountant | Accounts Manager |
| Sign:                                                         |  |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Date                                                          | 23/6/20                                                                             |                  |                                                                                                                                                                           |                                                                     |                             |            |                  |

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

## INVOICE

Cell : 9246101075



# Radiant Systems

We are spl. in : ACP, Neon, Digital & Vinyl Sign Boards, ACP Cladding, Metal & Acrylic Letters with LED's

# 3-5-115/3 & 4, 1st Floor, Opp. APCO, Vittalwadi, Narayanaguda,  
Hyderabad - 500 029. T.S. E-mail : rsgkrst@gmail.com

M/s. Vista Homes.SI.No. 081Secunderabad.Customer GST No 36AAGFV20681ZJ.Date : 12/6/2020.

| Sl. No.                                                                                                                                                                                                                                                | DESCRIPTION                                                                                                                                                                                                       | Qty.                           | Rate                 | Amount<br>Rs. Ps. |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------|-------------------|----|
| 01.                                                                                                                                                                                                                                                    | Steel Matt Etching Post office Number plates of Each Size 2"x1". <div><div>INWARD<br/>Inward No: 24802 Dt: 17/6/20<br/>MRN No: 80097 Dt:<br/>Received By: Sign:<br/>Vista Homes</div></div> <p>P.O.NO: 67601.</p> | 25 No. of<br>50 -<br>Sq. Inch. | Rs. 15/<br>Sq. Inch. | Rs. 750/-         | 00 |
| <div>Bank Name : Bank of Maharashtra<br/>A/c. Name : Radiant Systems<br/>C-A/c : 20007000152<br/>IFSC : MAHB0000383<br/>Br. Kachiguda, Hyd-27. T.S.</div> <div>Rupees in words <u>Eight Eighty Five only.</u></div> <div>GSTIN : 36AIKPG0292L1Z2</div> |                                                                                                                                                                                                                   | CGST %                         |                      | Rs. 67.5/-        |    |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | SGST %                         |                      | Rs. 67.5/-        |    |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | IGST %                         |                      |                   |    |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | Advance                        |                      |                   |    |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | Balance                        |                      |                   |    |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | GRAND TOTAL                    |                      | Rs. 885/-         |    |

For M/s. **Radiant Systems**

Customer's Signature

*G. Ravi K.*  
Signature

## Purchase Order

Page(s) 1 Of 1

30-05-2020 2:59:31 PM



67601

03.06.20 12:48:11

From Company : **Vista Homes**  
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003  
G S T No. : 36AAGFV2068P1ZJ

| Supplier Details                                                                                                 |            |            |       |
|------------------------------------------------------------------------------------------------------------------|------------|------------|-------|
| Radiant Systems<br>H.No. 3-5-967, Narayanguda, Hyderabad.<br><br>GSTIN 36AIKPG0292L1Z2<br>6457-5075.. 9246101075 | Doc No     | 67601      | 99601 |
|                                                                                                                  | Doc Date   | 30-05-2020 |       |
|                                                                                                                  | Quote No   | Nil        |       |
|                                                                                                                  | Quote Date | 31-08-2019 |       |
|                                                                                                                  | SupplyType | Supply     |       |

**Kind Attn : Ravi Kiran**

Purchase Order for the Supply of following Items.

| Item Name                                                                                        | Qty   | Rate  | Dis% | GST   | Amount |
|--------------------------------------------------------------------------------------------------|-------|-------|------|-------|--------|
| 1 6074 - Miscellaneous - SS Name Plates - other - Sq.inches<br>D -001 to D -005 2" x 1" - 05 nos | 10.00 | 15.00 | 0.00 | 18.00 | 177.00 |
| 2 6074 - Miscellaneous - SS Name Plates - other - Sq.inches<br>D -101 to D -105 2" x 1" - 05 nos | 10.00 | 15.00 | 0.00 | 18.00 | 177.00 |
| 3 6074 - Miscellaneous - SS Name Plates - other - Sq.inches<br>D -201 to D -205 2" x 1" - 05 nos | 10.00 | 15.00 | 0.00 | 18.00 | 177.00 |
| 4 6074 - Miscellaneous - SS Name Plates - other - Sq.inches<br>D -301 to D -305 2" x 1" - 05 nos | 10.00 | 15.00 | 0.00 | 18.00 | 177.00 |
| 5 6074 - Miscellaneous - SS Name Plates - other - Sq.inches<br>D -401 to D -405 2" x 1" - 05 nos | 10.00 | 15.00 | 0.00 | 18.00 | 177.00 |
| Total Order Value . . .                                                                          |       |       |      |       | 885.00 |
| Rupees : Eight Hundred Eighty Five Only.                                                         |       |       |      |       |        |

**Terms and Conditions :-**

|                       |                                                                                                                               |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Specification / Brand | As per details given in the quotation.                                                                                        |
| Payment Terms         | After Delivery & Production of bill                                                                                           |
| Tax                   | GST included in above price.                                                                                                  |
| Delivery Date         | Within 7 days                                                                                                                 |
| Delivery Location     | Vista Homes<br>Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school<br>Phone. Contact: 8790166611         |
| Penalty For Delay     | Nil                                                                                                                           |
| Transportation Cost   | Included in the above price.                                                                                                  |
| Warranty              | 5 years warranty on finish.                                                                                                   |
| Advance Paid          | Nil                                                                                                                           |
| Other Terms           | We reserve the right to reject items not conforming to quality and specifications.Above order for D block letter box purpose. |
| Completion Date       | Nil                                                                                                                           |
| Measurment            | Nil                                                                                                                           |
| Security              | Nil                                                                                                                           |
| Remarks               |                                                                                                                               |

For **Vista Homes**

Authorised Signatory

Accepted the above Terms And Conditions

For **Radiant Systems**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

# Requisition Form

| Company Name:                                         |                | VISTA HOMES |          | Date:        |           | 28.05.2020 |  |
|-------------------------------------------------------|----------------|-------------|----------|--------------|-----------|------------|--|
| Site & Phase :                                        |                | PHASE-1     |          | Time:        |           | 02:50      |  |
| Supplier                                              |                |             |          | Req. No.     |           | 99601      |  |
| Material required before date:                        |                | 03-06-2020  |          |              |           | 57245      |  |
| No                                                    | Description    | Size        | Quantity | Units        | Inward No | Date       |  |
| 1                                                     | D-001 to D-005 | 1"x2"       | 05       | No's         |           |            |  |
| 2                                                     | D-101 to D-105 | 1"x2"       | 05       | No's         |           |            |  |
| 3                                                     | D-201 to D-205 | 1"x2"       | 05       | No's         |           |            |  |
| 4                                                     | D-301 to D-305 | 1"x2"       | 05       | No's         |           |            |  |
| 5                                                     | D-401 to D-405 | 1"x2"       | 05       | No's         |           |            |  |
| 6                                                     |                |             |          |              |           |            |  |
| 7                                                     |                |             |          |              |           |            |  |
| 8                                                     |                |             |          |              |           |            |  |
| 9                                                     |                |             |          |              |           |            |  |
| 10                                                    |                |             |          |              |           |            |  |
| 11                                                    |                |             |          |              |           |            |  |
| Remarks: For D-Block Letter Box number Plate Purpose. |                |             |          |              |           |            |  |
| Prepared By                                           |                | T.MADHU     |          | Approved by  |           |            |  |
| Sign.& Date                                           |                | 28.05.2020  |          | Sign. & Date |           |            |  |

APPROVED BY  
29 MAY 2020  
SUHAM P. P. P. P.  
MANAGING DIRECTOR

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