PURCHASE DIVISION
Advice for approval for credit to supplier

18

Date:	26/06/20	Prepared by:	SK.Goushee Begum
PO/WO no.	67961	PO / WO Date.	15/06/20
Supplier Name	Om sree medisurg Inc	PO/WO amount	6384/-
Firm/Company	SSaep	Project	SHCP
Sl. No.	Bill No.	Bill Date	Bill amount
1.	2972	15/06/20	6,384/-
2.			
3.			
4.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			6,384/-

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.			80182	☑ 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:				6,384/-
Amount E – PO / WO value:				6,384/-
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	**27/06/20**
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	[signature]		[signature] APPROVED 27 JAN 2020 MINISH PARIKH MANAGER PROCUREMENT				
Date	26/06/20						

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

PO- 67961

TAX INVOICE

OM SREE MEDISURGE INC

PLOT NO.66C,GROUND FLOOR,ADDAGUTTA SOCIETY,
WESTERN HILLS,KUKATPALLY,HYDERABAD-72. Bank:HDFC A/CNO:16392560000?77,IFSC HDFC0001639
Phone :48552762,7416097446,9985056542 Mail ID: omsreemedisurge@gmail.com

GST No : 36AABFO8145K1ZZ
D.L No 21B: 424/RR/AP/2008/W

To :**SUMMIT SALES LLP**
5-4-187/
M.G ROAD
HYDERABAD

2ND FLOOR
SECUNDERABAD
Ph:

Code : SUMMIT
DL Nos :
Gst No : 36ACQFS2044C1Z7
RepName:TRILOK CHAND **Ph:9866244440**

TaxInvNo : OF02972
InvDate : 15/06/2020
Type : Credit

S.No.	MFG	Product Name	Pack	HsnCode	Batch	Expriy	Qty	Free	M.R.P	Rate	Amount	GST%
1	PEPTAS	HAND SANITIZER 500ML	500ML	39229000	HS5/002/20	03/2022	20		250.00	190.00	3800.00	12.00
2	PEPTAS	HAND SANITIZER 500ML	500ML	39229000	HS5/002/20	03/2022	10		250.00	190.00	1900.00	12.00

PROPERTIES PVT. LTD.
INWARD
No. 66714
Date 23/06
Sign.
SECBAD

INWARD
Inward No: 14410 Dt: 19/6/20
MRN No: 80162 Dt: 19/6/20
Received By: Sign:
SUMMIT SALES LLP

Certified by:
Stores Manager

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

	CGST% VALUE	CGST AMT	SGST% VALUE	SGST AMT
0% :	0.00		0.00	
5% :	0.00	0.00	0.00	0.00
12%:	2850.00	342.00	2850.00	342.00
18%:	0.00	0.00	0.00	0.00
28%:	0.00	0.00	0.00	0.00

No.of Items:	1	SubTotal:	5700.00
No.of Units:	30	Less Disc:	0.00
(-/+)Adjust:	0.00	Gst Amt:	684.00
Rounding :	0.00		

Six Thousand Three Hundred Eighty Four Rupees Only

NET PAYABLE: **6384.00**

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

For OM SREE MEDISURGE INC

Customer Signtory **Authorised Signatory**

 15-Jun-20 1:52:00 PM

Purchase Order

67961
03.06.20 12:48:14

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	**Doc No**	67961	14601
Plot 66C, ground floor, Addagutta society, Western hills, Kuatpally, Hyderabad-500072.	**Doc Date**	15-06-2020	
	Quote No	Nil	
GSTIN 36AABFO8145K1ZZ	**Quote Date**	05-05-2020	
040-48552762. 7416097446	**SupplyType**	Supply	

Kind Attn : Trilok

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	4112 - Consumables - Sanitizer - 500 ml - Nos	30.00	190.00	0.00	12.00	6,384.00
				Total Order Value . . .		**6,384.00**

Rupees : Six Thousand Three Hundred Eighty Four Only.

Terms and Conditions :-

Specification / Brand	Peptas hand sanitizer, soduim hypoclorite as mentioned
Payment Terms	After delivery and production of bill
Tax	Included in the above
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, above order is for Staff and site purposes
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	Nil

For ***Summit Sales LLP***

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For ***Om Sree Medisurge Inc***

Name :

Date : __/__/____

Estimate/Draft PO

Page(s) 1 Of 1 13-Jun-20 2:21:07 PM Original / Office Copy / Purchase Div.Copy

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

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Security	Nil
Remarks	Nil

13/6/20

APPROVED BY
13 JUN 2020
SOHAM MODI
MANAGING DIRECTOR

For *Summit Sales LLP*

Authorised Signatory

Accepted the above Terms And Conditions

For *Om Sree Medisurge Inc*

Name : ______________ Name : ______________ Date : __/__/____

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Requisition Form

Company Name:	SSLLP	Date:	08.06.2020
Site & Phase :	SHLLP	Time:	14.00
Supplier		Req. No.	14601
Material required before date:		ID No.	57514

No	Description	Size	Quantity	Units	Inward No	Date
1	HAND SANITIZER		20	NOS		
2			80			
3						
4	67961					
5						
6						
7						
8						

Remarks:For stock maintainance

Prepared By	SOWMYA	Approved by	
Sign.& Date	08.06.2020	Sign. & Date	

APPROVED BY
13 JUN 2020
SOHAM MODI
MANAGING DIRECTOR

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