PURCHASE DIVISION
Advice for approval for credit to supplier

6

Date:	26/6/20	Prepared by:	v. Pavali
PO/WO no.	67924	PO / WO Date.	12/6/20
Supplier Name	praful sanitary	PO/WO amount	400/-
Firm/Company	Nilgiri estates	Project	NE
Sl. No.	Bill No.	Bill Date	Bill amount
1.	105	13/6/20	401/-
2.			
3.			
4.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			401/-

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.	—	—	80107	☑ 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:	401/-
Amount E – PO / WO value:	400/-
Amount F – Difference (A – E):	0/-
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	29/6/2020.
Remarks:	

APPROVED
27 JUN 2020
MINISH PARIKH
MANAGER PROCUREMENT

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	v. Pavali						
Date	26/6/20						

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

GST INVOICE

(ORIGINAL FOR RECIPIENT)

Praful Sanitary 3-6-?29/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR HYDERABAD GSTIN/UIN: 36ACWPG4864A1ZG State Name : Telangana, Code : 36 E-Mail : prafulsanitary@gmail.com	Invoice No. **PS/20-21/ 105**	Dated **13-Jun-2020**
	Delivery Note **Invoice**	
	Supplier's Ref.	Other Reference(s) **Credit**
Buyer **Nilgiri Estates** 5-4-187/3&4, IInd Floor, M.G. Road Secunderabad GSTIN/UIN : 36AAHFN0766F1ZA State Name : Telangana, Code : 36	Buyer's Order No. **67924**	Dated **12-Jun-2020**
	Despatch Document No. **Invoice**	Delivery Note Date **13-Jun-2020**
	Despatched through **Self**	Destination **Rampally**

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**15mm G I Tee**	7307	18 %	**5 No:**	39.50	No:	30 %	**138.25**
2	**15x150mm G I Nipple**	7307	18 %	**5 No:**	17.25	No:	20 %	**69.00**
3	**20x15mm G I Reducer**	7307	18 %	**5 No:**	37.80	No:	30 %	**132.30**
								339.55
	Output CGST							**30.56**
	Output SGST							**30.56**
	ROUNDING OFF							**0.33**
	Total			**15 No:**				**₹ 401.00**

INWARD
Inward No: 21714 Dt: 13/6/20
MRN No: 80107 Dt: 18/6/2020
Received By: Ashish Sign
Nilgiri Estates

NILGIRI PROPERTIES PVT. LTD. SEC'BAD
INWARD No. 66723 Date 23/06 Sign.

Amount Chargeable (in words) *E. & O.E*

Indian Rupees Four Hundred One Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
7307	339.55	9%	30.56	9%	30.56	61.12
Total	**339.55**		**30.56**		**30.56**	**61.12**

Tax Amount (in words) : **Indian Rupees Sixty One and Twelve paise Only**

PRAFUL SANITARY HIMAYATNAGAR HYDERABAD-29.

Company's PAN : **ACWPG4864A**

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

Purchase Order

 12-06-2020 4:11:10 PM

67924
03.06.20 12:48:14

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

Supplier Details			
Praful Sanitary	**Doc No**	67924	72807
3-6-138/5, Himayat Nagar, Hyderabad.	**Doc Date**	12-06-2020	
	Quote No	Nil	
GSTIN 36ACWPG864A1ZG 40077300	**Quote Date**	12-06-2020	
65526886. 9849624797	**SupplyType**	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7091 - Plumbing - GI - Tee - other - nos *1/2"*	5.00	39.50	30.00	18.00	163.14
2	7069 - Plumbing - GI - Nipple - other - nos *1/2" x 4"*	5.00	17.25	20.00	18.00	81.42
3	7086 - Plumbing - GI - Reducing Socket - other - nos *3/4" x 1/2"*	5.00	37.80	30.00	18.00	156.11
				Total Order Value . . .		**400.67**

Rupees : Four Hundred and Paise Sixty Seven Only.

Terms and Conditions :-

Specification / Brand	As per details given in the quotation.
Payment Terms	Within 30 days of delivery.
Tax	Inclusive of all taxes
Delivery Date	Within 3 days
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172, 8297349480
Penality 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 qlty & specs. Breakage in your account. Above order for Site use purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Nilgiri Estates***

Authorised Signatory

Name : ______________

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : ______________

Date : __/__/____

Requisition Form

Company Name:	NILGIRI ESTATES	Date:	11.06.2020
Site & Phase :	NILGIRI ESTATE	Time:	15:16
Supplier		Req. No.	72807
Material required before date:		ID No.	57575

No	Description	Size	Quantity	Units	Inward No	Date
1	PVC Bush	1'1/2"	20	No's		
2	G.I Ball vale	1/2"	05	No's		
3	Screw's 35X8	6mm	10	No's		
4	Fishers 67920	6mm	10	No's		
5	Hacksaw Blade	STD	20	No's		
6	G.I Tee	1/2"	05	No's		
7	G.I Nipple 67924	1/2"	05	No's		
8	Reducer	3/4"X1/2"	05	No's		
9						
10						

Remarks: - For Site Use Purpose.

Prepared By	Anil	Approved by	APPROVED 12 JUN 2020 MINISH PARIKH MANAGER PROCUREMENT
Sign.& Date	11.06.2020	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						
8						
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.