

# Requisition Form

| Company Name:                  |                     | Summit sales LLP |          | Date:        |           | 24-06-2020 |  |
|--------------------------------|---------------------|------------------|----------|--------------|-----------|------------|--|
| Site & Phase :                 |                     | Head Office      |          | Time:        |           |            |  |
| Supplier                       |                     |                  |          | Req. No.     |           | 16300      |  |
| Material required before date: |                     |                  |          | ID No.       |           | 58120      |  |
| No                             | Description         | Size             | Quantity | Units        | Inward No | Date       |  |
| 1                              | 12A toner refilling |                  | 3        | Nos          |           |            |  |
| 2                              | 12A toner Drum      |                  | 2        | No           |           |            |  |
| 3                              |                     |                  |          |              |           |            |  |
| 4                              |                     |                  |          |              |           |            |  |
| 5                              |                     |                  |          |              |           |            |  |
| 6                              |                     |                  |          |              |           |            |  |
| 7                              |                     |                  |          |              |           |            |  |
| 8                              |                     |                  |          |              |           |            |  |
| 9                              |                     |                  |          |              |           |            |  |
| 10                             |                     |                  |          |              |           |            |  |
| Remarks: This is for CR dept   |                     |                  |          |              |           |            |  |
| Prepared By                    |                     | K.Suneel         |          | Approved by  |           |            |  |
| Sign.& Date                    |                     | 24-06-2020       |          | Sign. & Date |           |            |  |

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

**PURCHASE DIVISION**  
Advice for approval for credit to supplier

|                                                               |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
|---------------------------------------------------------------|------------------|------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|------------------|
| Date:                                                         |                  | 03/07/2020       |                     | Prepared by:                                                                                                                                                              |                             | V. Ravali   |                  |
| PO/WO no.                                                     |                  | 68523            |                     | PO / WO Date.                                                                                                                                                             |                             | 24/06/2020  |                  |
| Supplier Name                                                 |                  | Vivid world      |                     | PO/WO amount                                                                                                                                                              |                             | 926/-       |                  |
| Firm/Company                                                  |                  | Summit Sales LLP |                     | Project                                                                                                                                                                   |                             | 85LLP       |                  |
| Sl. No.                                                       |                  | Bill No.         |                     | Bill Date                                                                                                                                                                 |                             | Bill amount |                  |
| 1.                                                            |                  | 1715             |                     | 24/06/2020                                                                                                                                                                |                             | 926/-       |                  |
| 2.                                                            |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| 3.                                                            |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| 4.                                                            |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| Sl. No.                                                       | DC No            | DC. Date         | MRN No.             | DC matches MRN                                                                                                                                                            |                             |             |                  |
| 1.                                                            |                  |                  |                     | <input 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:   |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| Amount E – PO / WO value:                                     |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| 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 / 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                                            |                  |                  |                     | 10/07/2020                                                                                                                                                                |                             |             |                  |
| Remarks:                                                      |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
|                                                               |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
|                                                               |                  |                  |                     |                                                                                                                                                                           |                             |             |                  |
| Approved by                                                   | Purchase Officer | Purchase Manager | Procurement Manager | MD                                                                                                                                                                        | Accounts – receiver of bill | Accountant  | Accounts Manager |
| Sign:                                                         | 3/7/20           |                  |                     |                                                                                                                                                                           |                             |             |                  |
| Date                                                          | 3/7/20           |                  |                     |                                                                                                                                                                           |                             |             |                  |

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

# Purchase Order

Page(s) 1 Of 1

02-07-2020 12:53:36 PM



68523

02.07.20 12:12:26

From Company : **Summit Sales LLP**

5-4-187/3&amp;4, II nd floor, MG Road, Secunderabad-500003.

G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

Vivid World

204, Kubera Towers, Narayanaguda, Hyderabad.

6682-3161/ 6682-3171

92462-15868

**Doc No**

68523

16300

**Doc Date**

24-06-2020

**Quote No**

Nil

**Quote Date**

24-06-2020

**SupplyType**

Supply

**Kind Attn : Mr. Vishal**

Purchase Order for the Supply of following Items.

| Item Name                                                           | Qty  | Rate   | Dis% | GST%  | Amount        |
|---------------------------------------------------------------------|------|--------|------|-------|---------------|
| 1 3523 - Computers and Peripherals - Toner refill - NA - nos<br>12A | 2.00 | 230.00 | 0.00 | 18.00 | 542.80        |
| 2 3522 - Computers and Peripherals - Toner drum - NA - nos          | 1.00 | 325.00 | 0.00 | 18.00 | 383.50        |
| <b>Total Order Value . . .</b>                                      |      |        |      |       | <b>926.30</b> |

Rupees : Nine Hundred Twenty Six and Paise Thirty Only.

**Terms and Conditions :-****Specification / Brand** As per details given in the quotation**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Same Day**Delivery Location** Head Office

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

Phone. 040-66335551

**Penalty For Delay** Nil**Transportation Cost** Included in the above price.**Warranty** Nil**Advance Paid** Nil**Other Terms** We reserve the right items not conforming to quality and specifications. Above order for site office use purpose**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Summit Sales LLP**

Authorised Signatory

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

Accepted the above Terms And Conditions

For **Vivid World**

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

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

