PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	6/7/2020	Prepared by:	K. R. Chargulu
PO/WO no.	68366	PO / WO Date.	28/6/2020
Supplier Name	pratul sanitary	PO/WO amount	29,176/-
Firm/Company	SSLLP	Project	SHLLP.
Sl. No.	Bill No.	Bill Date	Bill amount
1.	148	30/6/2020	23,491/-
2.			
3.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			23,491/-

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.	-	-	80640	☑ 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:	23,491/-
Amount E – PO / WO value:	29,176/-
Amount F – Difference (A – E):	5,685/-
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	13/7/2020
Remarks:	Short received

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	[signature]	[signature]	[signature] APPROVED 06 JUL 2020 MINISH PARIKH MANAGER PROCUREMENT				
Date	6/7/2020.	6/7/20					

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 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/-

GST INVOICE

(ORIGINAL FOR RECIPIENT)

Praful Sanitary 3-6-429/6,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/ 148**	Dated **30-Jun-2020**
	Delivery Note **Invoice**	
	Supplier's Ref.	Other Reference(s) **Credit**
Buyer **Summit Sales LLP** 5-4-187/3&4, IInd Floor, M.G Road Secunderabad GSTIN/UIN : 36ACQFS2044C1Z7 State Name : Telangana, Code : 36	Buyer's Order No. **68366**	Dated **28-Jun-2020**
	Despatch Document No. **Invoice**	Delivery Note Date **30-Jun-2020**
	Despatched through **Self**	Destination **Cherlapally**

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**CP Bottle Trap**	8481	18 %	**10 No:**	876.00	No:	45 %	**4,818.00**
2	**25mm Extension Nipple**	8481	18 %	**100 No:**	60.00	No:	25 %	**4,500.00**
3	**40mm Extension Nipple**	8481	18 %	**100 No:**	90.00	No:	25 %	**6,750.00**
4	**600mm Pvc Connection**	3917	18 %	**60 No:**	80.00	No:	20 %	**3,840.00**
								19,908.00
	Output CGST							**1,791.72**
	Output SGST							**1,791.72**
	Less : ***ROUNDING OFF***							**(-)0.44**
	Total			**270 No:**				**₹ 23,491.00**

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

Indian Rupees Twenty Three Thousand Four Hundred Ninety One Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
8481	16,068.00	9%	1,446.12	9%	1,446.12	2,892.24
3917	3,840.00	9%	345.60	9%	345.60	691.20
Total	**19,908.00**		**1,791.72**		**1,791.72**	**3,583.44**

Tax Amount (in words) : **Indian Rupees Three Thousand Five Hundred Eighty Three and Forty Four paise Only**

MODI PROPERTIES PVT. LTD. SECBAD
INWARD No. 62033 Date 1/7/20 Sign.

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.

PRAFUL SANITARY HIMAYATNAGAR HYDERABAD-29.

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

INWARD
Inward No: 4481 Dt: 30/6/20
MRN No: 80640 Dt: 30/6/20
Received By: Sign:
SUMMIT SALES LLP

Certified by:
Stores Manager

Purchase Order

 28-06-2020 4:37:00 PM

68366
24.06.20 12:19:12

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

Supplier Details			
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad.	**Doc No**	68366	14660
	Doc Date	28-06-2020	
	Quote No	Nil	
GSTIN 36ACWPG864A1ZG 40077300	**Quote Date**	28-06-2020	
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 10043 - Plumbing - CP - Bottel trap - NA - nos	20.00	876.00	45.00	18.00	11,370.48
2 7026 - Plumbing - CP - Extension Nipple - 1/2 In - nos 1"	100.00	60.00	25.00	18.00	5,310.00
3 7028 - Plumbing - CP - Extension Nipple - other - nos 1 1/2"	100.00	90.00	25.00	18.00	7,965.00
4 7327 - Plumbing - PVC - Connection - 2 ft - nos	60.00	80.00	20.00	18.00	4,531.20
Total Order Value . . .					**29,176.68**

Rupees : Twenty Nine Thousand One Hundred Seventy Six and Paise Sixty Eight Only.

Part received
Ist Bill No 148 Amount Rs 23,491/-
Balance has to be receivable Rs 5,685/.
6/7/2020.

Terms and Conditions :-

Specification / Brand	As per details given in the quotation.
Payment Terms	Within 30 days of delivery.
Tax	All taxes included in above price.
Delivery Date	Within 3 days
Delivery Location	Summit Housing LLP Cherlapally,Behind Kingston PG college, Hyderabad Phone. 9618244433, Hamendra,9502266233, Mahesh.
Penality For Delay	Nil
Transportation Cost	Included by us !
Warranty	7 years warranty
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for Stock purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For *Summit Sales LLP*
Authorised Signatory

Name : 30/06/2020

Accepted the above Terms And Conditions
For *Praful Sanitary*

Name : ____________

Date : __/__/____

Requisition Form

pany Name:	SSLLP	Date:	27.06.2020
& Phase :	SHLLP	Time:	14.42
upplier		Req. No.	14660
Material required before date:		ID No.	58020

No	Description	Size	Quantity	Units	Inward No	Date
1	WALL MIXTURE		20	NOS		
2	SHOWER ARM		20	NOS		
3	SHOWER HEAD		20	NOS		
4	PILLAR COCK 68359		20	NOS		
5	ANGLE COCK		60	NOS		
6	SINK COCK		20	NOS		
7	BOTTLE TRAP		20	NOS		
	HEALTH FAUCET		20	NOS		
9	BIB COCK 68366	2 IN ONE	10	NOS		
10	EXTENSION NIPPLE	1/2	100	NOS		
11	EXTENSION NIPPLE	1 1/2	100	NOS		
12	PVC CONNECTION	2"	60	NOS		

Remarks:

Prepared By	SOWMYA	Approved by	
Sign.& Date	27.06.2020	Sign. & Date	

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

APPROVED BY
27 JUN 2020
SOHAM MODI
MANAGING DIRECTOR