PURCHASE DIVISION Advice for approval for credit to supplier

Date:		6-7-20		T D						
		Prepared by:		'	T.Bhasker					
PO/WO no. 68167		PO / WO Date.			22/6/20					
Supplier Name			PO/WO amount			1,222				
Supplier Name Proful Silvy Firm/Company Vista hay				Project			vista			
Sl. No.		Bill No.		Bill Date			Bill amount			
1.		142	4	26/6/20			1, 138			
2.	1						, 0			
3.	St									
4.						-	1,138 /-			
Amount A	– Bills to	al(Excluding Trans	port & Hamali C	harges):			Rs. 75,567/-	5		
Sl. No.	DC No	\$	DC. Date		MRN No.	I	OC matches MRN			
1.					8058	81	Yes 🗆 No			
2.		N			0 - 3		□ Yes □ No			
3.						С	Yes 🗆 No			
Amount B	-Other Cr	edits :		ž 90	=			7-40		
Amount C	-Other De	ebits :					_			
Amount D	(D=A+B-	C) – Amount to be	credited to the su	pplier:			1,138			
Amount E	- PO / WO) value:			E:		1,222	8		
Amount F	– Differen	ce (A – E):		20			84			
Quantity re	ceived as	per PO /WO		□Yes □ Exc	ess received	□ Short rece	ived Other (expl	ained below)		
Is difference	e between	PO / Bill acceptab	le?	□ Yes □ No	(explained be	elow)		W.		
Excess / sh	ort materia	al received		Approved	- within acce	eptable limit	s No (explained l	pelow)		
Close PO /	W?O			□Yes □ No	– wait for bal	lance materia	al □ No (explained	below)		
Advance pa	aid / PDC	given (deduct wher	paying)	□ Yes – Rs.	<u>-</u> □ No	×:	n	110		
Payment -	due date			101.	7/20			- 11 Table		
Remarks	Part bill r	eceived and balance	e bill to be recei	ivable.) we H	o Rat	e Differ	e e		
		8			0					
1 2	2:	e ⁿ	1	`			***************************************	9		
Approve	77-0	orchase Purc Officer Man	FA 19 434			Accounts – receiver of bill	Accountant	Accounts Manager		
Sign:		O" DX	06	JUL 2020		OIII				
Date	6	7/20 6	MINIS	H PARIKH						
NT 4 1	T		11	la a la 211 a 4 a 4 - 1 - 1		I TT	7 C 1 -1 -1 - 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	2 14-1		

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

Praful Sanitar	У
3-6-429/6,SRI	SAI TOWER.
St.No.4 HIMAY	AT NAGAR
HYDERABAD	
GSTIN/UIN: 36	SACWPG4864A1Z
State Name :	Telangana, Code:
	anitan (Samail aan

36 E-Mail: prafulsanitary@gmail.com

Buyer

Vista Homes

5-4-187/3 & 4, IInd Floor, M.G.Road

Secunderabad

GSTIN/UIN 36AAGFV2068P1ZJ Telangana, Code: 36 State Name

Invoice No.	Dated
PS/20-21/ 142	26-Jun-2020
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
68167	22-Jun-2020
Despatch Document No.	Delivery Note Date
Invoice	26-Jun-2020
Despatched through	Destination
Self	Kushaiguda

SI lo.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
	15x150mm G I Nipple	7307	18 %	100 No:	12.05	No:	20 %	964.00
	Output CG Output SG ROUNDING O	ST						86.76 86.76 0.48
				×				
_	T	otal		100 No:				₹ 1,138.0

Indian Rupees One Thousand One Hundred Thirty Eight Only

State Tax Total HSN/SAC Taxable Central Tax Rate Rate Amount Tax Amount Value Amount 964.00 86.76 173.52 86.76 9% 9% 7307 Total 86.76 173.52 964.00 86.76

Tax Amount (in words): Indian Rupees One Hundred Seventy Three and Fifty Two paise Only

Company's PAN

Declaration

ACWPG4864A

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

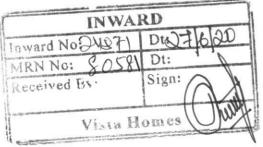
SUBJECT TO HYDERABAD JURISDICTION

for Praful Sanitary

Authorised Signatory

This is a Computer Generated Invoice

INWARD





22-06-2020 1:55:34 PM

From Company: Vista Homes

5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003

G S T No.: 36AAGFV2068P1ZJ

20.06.20 3:01:17

Supplier Details					
Praful Sanitary		Doc No	68167	99652	
3-6-138/5, Himayat Nagar, Hyder	abad.	Doc Date	22-06-2020		
		Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	22-06-2020		
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 7069 - Plumbing - GI - Nipple - other - nos 1/2" x 3"	100.00	12.95	20.00	18.00	1,222.48
		Total O	der Value	e	1,222.48

Terms and Conditions :-

Specification / Brand As per details given in the quotation.

Payment Terms

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

Within 3 days

Delivery Location

Vista Homes

Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school

Phone. Contact: 8790166611

Penality For Delay

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 F block loft tank fixing use purpose.

Completion Date

Measurment

Nil Nil

Security Remarks

For Vista Homes Authorised Signatory Accepted the above Terms And Conditions

For **Praful Sanitary**

Name :

Date : __/__/__

Requisition Form

Cor	mpany Name:	VISTA	HOMES		Date:			20.06.2020	
Site	Site & Phase : PHASE-1				Time:			09:40	
Sup	plier								
Mat	erial required before da		T		Req. N	0.		99652	
	criai required before da	te:	22-06-2020					57794	
No	I	Description		Si	ize	Quantity	Units	Inward No	Date
1	GI Nipples								
		68	168	3"x	1/2"	100	No's		
2		0	0						
3									
4									
5	S 55								
U									
7									
,	18								
8									
9									
10									
11									
12									
13									
Remai	rks: For F-Block Loft	Tank fixing U	se Purpose				W	WED BY	
repare							APPRO	3050	5
		T.MADHU		A	pproved	by	1 20!	MH TOPO	
Sign.&		20.06.2020		S	ign. & D	ate	50	HANI MODI GING DIRECTOR)
Note:	On receipt of material a	at site write inwa	ard number and a	date in 1	ast 2 col	umne	MANA	011	