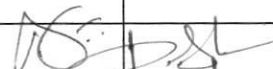
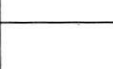


PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	6-7-20	Prepared by:	T.Bhasker
PO/WO no.	68359	PO / WO Date.	27/6/20
Supplier Name	Panful S-ling	PO/WO amount	153126
Firm/Company	SSLP	Project	SHLP
Sl. No.	Bill No.	Bill Date	Bill amount
1.	150	30/6/20	153126
2.			
3.			
4.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			153126
Sl. No.	DC No	DC. Date	MRN No.
1.			80740
2.			
3.			
Amount B –Other Credits :			-
Amount C –Other Debits :			-
Amount D (D=A+B-C) – Amount to be credited to the supplier:			153126
Amount E – PO / WO value:			153126
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		10/7/20	
Remarks: <u>Part bill received and balance bill to be receivable.</u>			
Approved by	Purchase Officer	Purchase Manager	Procurement Manager
Sign:			
Date	6/7/20	6/7	06/07/2020

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/-

(ORIGINAL FOR RECIPIENT)

Invoice No.	e-Way Bill No.	Dated
PS/20-21/ 150	171229100379	30-Jun-2020
Delivery Note		
Invoice		
Supplier's Ref.	Other Reference(s)	
	Credit	
Buyer's Order No.	Dated	
68359	27-Jun-2020	
Despatch Document No.	Delivery Note Date	
Invoice	30-Jun-2020	
Despatched through	Destination	
Self	Cherlapally	
Bill of Lading/LR-RR No.	Motor Vehicle No.	
	TS10UB3123	

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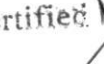
E. & O.E

Tax Amount (in words) : **Indian Rupees Twenty Three Thousand Three Hundred Fifty Eight and Twenty paise Only**

for Praful Sanitary

Authorised Signatory

This is a Computer Generated Invoice

Certified by: 

Stores Manager



Purchase Order

Page(s) 1 Of 2

28-06-2020 4:37:00 PM

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



68359

24.06.20 12:19:12

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG

40077300

65526886.

9849624797

Doc No	68359	14660
Doc Date	27-06-2020	
Quote No	Nil	
Quote Date	16-05-2020	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7045 - Plumbing - CP - Wall Mixer - other - nos F200020	20.00	3,650.00	37.28	18.00	54,027.01
2 7302 - Plumbing - sanitary - Health Faucet - NA - nos F160027	20.00	685.00	37.28	18.00	10,139.32
3 7036 - Plumbing - CP - Shower arm - NA - nos F200028	20.00	490.00	37.28	18.00	7,252.94
4 7037 - Plumbing - CP - Shower head - NA - nos F160025	20.00	685.00	37.28	18.00	10,139.32
5 7033 - Plumbing - CP - Pillar cock - NA - nos F200001	20.00	790.00	37.28	18.00	11,693.52
6 7042 - Plumbing - CP - Stop Cock - 1/2 In - nos F200005	60.00	725.00	37.28	18.00	32,194.18
7 7023 - Plumbing - CP - Bib cock - other - nos F200	10.00	1,040.00	37.28	18.00	7,697.00
8 7377 - Plumbing - CP - Sink Cock With Swivel Spout - NA - Nos F200024	20.00	1,350.00	37.28	18.00	19,982.59

Total Order Value . . . 153,125.86

Rupees : One Lakh(s) Fifty Three Thousand One Hundred Twenty Five and Paise Eighty Six Only.

Terms and Conditions :-

Specification / Brand All items shall be of 'Hindware' brand, Classic series**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.

Penalty 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 maintain purpose.**Completion Date** NilFor **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**Name : 30/06/2020

Name : _____

Date : ___/___/___

Requisition Form

Company Name:		SSLLP		Date:		27.06.2020	
Site & Phase :		SHLLP		Time:		14.42	
Supplier				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		20	NOS		
5	ANGLE COCK		60	NOS		
6	SINK COCK		20	NOS		
7	BOTTLE TRAP		20	NOS		
	HEALTH FAUCET		20	NOS		
9	BIB COCK	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.



Estimate/Draft PO

Page(s) 1 Of 2

27-06-2020 5:42:33 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

Supplier Details

Praful Sanitary
 3-6-138/5; Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG 40077300
 65526886. 9849624797

Doc No	68359	14660
Doc Date	27-06-2020	
Quote No	Nil	
Quote Date	16-05-2020	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

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Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : _____

Name : _____

Date : ____/____/____

