PURCHASE DIVISION Advice for approval for credit to supplier

Date: 3 7 20.		Prepa	Prepared by:		SOWMYA					
			PO /	PO / WO Date.		17/20.				
Supplier Na	Supplier Name Praful sanitary Firm/Company		PO/W	O amount		5 699				
Firm/Company SSILP			Proje	ct		Shly.				
Sl. No.		Bill No.		Bill [Date		Bill amount			
1.		125/5	20-21/174		9/7/20	2)	5,699			
2.					4,(2)		3/- 4			
3.										
Amount A – Bills total(Excluding Transport & Hamali C			sport & Hamali C	harges):			5,699			
Sl. No.	DC No		DC. Date		MRN No.		DC matches MRN			
1.					810	17	∠Yes □ No			
2.							□ Yes □ No			
3.							□ Yes □ No			
4.							□ Yes □ No			
Amount B	Other Cr	edits:					_			
Amount C -	Other De	ebits :								
Amount D	(D=A+B-	·C) – Amount to b	e credited to the su	pplier:			5,699			
Amount E -	- PO / Wo	O value:					5,699			
Amount F -	Differen	nce (A – E):								
Quantity re	ceived as	per PO /WO		≠ Yes □	Excess receive	ed Short rec	ceived Other (explain	ained below)		
Is differenc	e between	n PO / Bill accepta	ble?	□ Yes □ No (explained below)						
Excess / sho	ort materi	al received		☐ Approved – within acceptable limits ☐ No (explained below)						
Close PO /	W?O			Yes No – wait for balance material No (explained below)						
Advance pa	aid / PDC	given (deduct wh	en paying)	□ Yes – Rs <u>. /-</u> □ No						
Payment – due date				18.7.2020						
Remarks:										
Approve				rement	M D	Accounts receiver o		Accounts Manager		
Sign:		Sough			- 12 le	bill				
Date		13/1/20								

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 INV	OICE			(OF	RIGIN	IAL FOR	R RECIPIENT)
Pr	aful Sanitary		Invoi	ce No.		Date	ed	
3-	6-429/6,SRI SAI TOWER,		PS/2	PS/20-21/ 174			ul-2020)
	No.4 HIMAYAT NAGAR ⁄DERABAD			ery Note				
G	STIN/UIN: 36ACWPG4864A1ZG		Invo			Oth	Defe	(-)
	ate Name:Telangana, Code:36 Mail:prafulsanitary@gmail.com		Supp	olier's Ref.		Cre		rence(s)
	yer		Buye	er's Order N	lo.	Date	-	
Sı	ımmit Sales LLP		6850			1-J	ul-2020)
	4-187/3&4, IInd Floor, M.G Road		Desp	atch Docu	ment No.	Deli	very No	te Date
	ecunderabad STIN/UIN : 36ACQFS2044C1Z7		Invo				ul-2020	
	ate Name : Telangana, Code : 36		Self	atched thre	ougn	- 5 0	tination	1
			Sen			CHE	erlapall	ıy
CI	Description of Goods	HSN/SAC	GST	Quantity	Doto	205	Dica 9/	Amount
SI No.	Description of Goods	HSN/SAC	Rate	Quantity	Rate	per	Disc. %	Amount
	Tile Creut (brem.)	3214	18 %	70 V~	//34.50	Ka		2 445 00
1	Tile Grout (Ivory) Tile Grout (White)	3214	18 %	70 Kg 70 Kg	/			2,415.00 2,415.00
-	The Grout (White)			rong				~
								4,830.00
	Output CGST Output SGST							434.70 434.70
	Less: ROUNDING OFF							(-)0.40
	,							()
					829			
	RETIES							
	OF NWARD Z							
	10 No. 67.415							
	(2) Date + 5 + 7 5							
	2 57							
	*SEC:20							
	1000							
	Total			140 Kg				₹ 5,699.00
1000000	nount Chargeable (in words)							E. & O.E
In	dian Rupees Five Thousand Six Hundred Ninety Nine O		vabla T	Cantest	Tay	Cto	to Toy	Total
	HSN/SAC	7	kable alue	Central Rate Ar		ate	te Tax Amour	
32	14	4,	30.00	9%	434.70	9%	434	.70 869.40
			830.00	100000	434.70		434	.70 869.40
Та	x Amount (in words): Indian Rupees Eight Hundred Sixty Nine	and For	ty pais	e Only			X	LSAN
							1/47	13
							1151	MATATNAGAR &
							1/4/0	0://
							1/2	
0	ompany's PAN : ACWPG4864A							for Praful Sanitary
	ompany's PAN : ACWPG4864A claration						-	or Fraidi Saliitary
W	e declare that this invoice shows the actual price of the goods							
de	escribed and that all particulars are true and correct.	ABAD UIDIO	DICTION		0		A	authorised Signatory
	SUBJECT TO HYDERA				2			
	This is a Computer			9	١٦٢			
	INWARD	Cer	ifiec l	by:	11 \			
	Inward No: 14556 Dt: 912121		\/	as				
	MRN No: 8 017 Dt: 10 ND		X	Y-	1			
	Received By: Sign:		1)	1.			
	Joign. OA		// \	\ /	()			

Stores Manager

SUMMIT SALES LLP

Purchase Order

Page((s)	1	Of	1
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02-07-2020 4:50:05 PM

From Company: **Summit Sales LLP**

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

G S T No.: 36ACQFS2044C1Z7



02.07.20 12:12:26

Supplier Details		9			
Praful Sanitary		Doc No	68505	14677	
3-6-138/5, Himayat Nagar, Hyderaba	Doc Date	01-07-20			
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	01-07-20	20	
5526886. 9849624797		SupplyType	Supply		

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3134 - Chemicals - Tile Grout - 1kg - pkts silk	70.00	34.50	0.00	18.00	2,849.70
2 3134 - Chemicals - Tile Grout - 1kg - pkts white	70.00	34.50	0.00	18.00	2,849.70
*		Total O	der Value	e	5,699.40

Rupees: Five Thousand Six Hundred Ninty Nine and Paise Fourty Only.

Terms and Conditions :-

Specification / Brand All items shall be of 'Laticrete' brand.

Payment Terms

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

Next Day.

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

9618244433, Hamendra, 9502266233, Mahesh.

Penality For Delay

Nil

Transportation Cost

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order is for Stock purpose.

Completion Date

Nil

Measurment Security

Nil Nil

Remarks

Accepted the above Terms And Conditions For Praful Sanitary

For Summit Sales LLP Authorised Signatory

Name:

Name:

Date : __/__/__

Requisition Form Company Name: SSLLP Date: 30.06.2020 Site & Phase: SHLLP Time: 15.30 Supplier Req. No. 14677 Material required before date: ID No. 58147 No Description Size Inward No Quantity Date Units TILE GROUT -SILK 1 1KG 70 NOS TILE GROUT -WHITE 2 1KG 70 NOS MS NAILS 3 21/2" 50 **PKTS** 4 5 6 7 8 9 Pemarks: FOR STOCK MAINTENANCE Prepared By **SOWMYA** Approved by 30.06.2020 Sign.& Date Sign. & Date Note: On receipt of material at site write inward number and date in last 2 columns.

Page(s) 1 Of 1

01-07-2020 2:43:05 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	Doc No	68505	14677	
3-6-138/5, Himayat Nagar, Hyd	Doc Date	01-07-2020		
	Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	01-07-202	20
5526886. 9849624797		SupplyType	pe Supply	

Kind Attn: Mr. Ashish Gupta

Estimate/Draft PO for the Supply of following Items.

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Delivery Location

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Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra, 9502266233, Mahesh.

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Warranty

Nil

Advance Paid

Nil

Other Terms

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Completion Date

Nil

Measurment

Nil Nil

Security

Remarks

For	Summit	Sales	LLP	
			١.	

Authorised Signatory

Accepted the above Terms And Conditions

For Praful Sanitary

Name:			

Date .	1	1	