# PURCHASE DIVISION Advice for approval for credit to supplier

Date:		22/7	1		Prepare	ed by:		K. R. Char	, QAA
PO WO no.					PO / W	O Date.	+	١.	
Supplier Na	ame	6877	9	-	PD/W	2 amount		- 11 - 1	<i>C</i>
Firm/Comp		Grove	al Safe	ing	Project	won		1,260/	
Sl. No.		Bill No.			Bill Da			Bill amount	
1.								1	
2.		122	2		16	7/2020	0	1,260	
3.								\	
	D:11- 4-4	-1(Γ····································	Tuesday out P. II.	amal: Ch	00000)1				
		al(Excluding	Transport & Ha		arges):	MONING		DC matches MRN	
Sl. No.	DC No		DC. Da	te		MRN No.			
1.			_			813	71	□ Yes □ No	
2.								□ Yes □ No	
3.							12.0	□ Yes □ No	
4.								□ Yes □ No	
Amount B	-Other Ci	edits:	*						
Amount C	Other D	ebits:							
Amount D	(D=A+B-	·C) – Amount	to be credited t	to the sup	oplier:			1,260/	
Amount E	– PO / W	O value:						1,260/	_
Amount F	– Differer	nce (A – E):						772007	
Quantity re	ceived as	per PO /WO			Yes 🗆 E	Excess receive	ed   Short red	ceived   Other (expla	ined below)
Is difference	e between	n PO / Bill aco	ceptable?		□ Yes □ N	<del>√o (explaine</del> d	below)		
Excess / sh	ort mater	ial received			□ Approv	ed – within a	cceptable lim	its   No (explained b	elow)
Close PO /	W?O				≥ Yes □ N	No – wait for	balance mate	rial   No (explained)	below)
Advance p	aid / PDC	given (deduc	t when paying)		□ Yes - R	ks. /- □ N	10_		
Payment –				No. 20	a 2.1	7/2020	2	13	
Remarks:					211	7 (100			
Kemarks.									
								## Market   1887   1887   1887   1887   1887   1887   1887   1887   1887   1887   1887   1887   1887   1887	
	, , ,		Domokasa	Procur	ement	M D	Accounts	<ul><li>Accountant</li></ul>	Accounts
Approv		Officer Officer	Purchase Manager	Man		IVI D	receiver of bill		Manager
Sign:		V							
Date	99	12/2020							
(							1 13	for debit or credit 2	Attach

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/-

### Tax Invoice

(ORIGINAL FOR RECIPIENT)

	PONO 65	3779
tate Name: Telangana, Code: 36 -Mail: gss.infoteam@gmail.com  liyer  ilgiri Estates 4-187/384, 2nd Floor, G Road, Secunderabad  STIN/UIN: 36AAHFN0766F1ZA	Invoice No.	Dated 16-Jul-2020
Secunderabad-500003 GSTIN/UIN: 36AAOFG9573A1Z5	Delivery Note	Mode/Terms of Payment
State Name: Telangana, Code: 36 E-Mail: gss.infoteam@gmail.com	Supplier's Ref.	Other Reference(s)
Buyer Nilgiri Estates	Buyer's Order No.	Dated
5-4-187/384, 2nd Floor, M G Road, Secunderabad	Despatch Document No.	Delivery Note Date
	Despatched through	Destination
	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Hillson Make Beston Safety Shoes 9/1, 8/2	64029990	5 %	3 prs	400.00	prs		1,200.00
	CGST@2.5% SGST@2.5%				2.50 2.50			30.00 30.00
	raph clos	69)						
	INWARD OURSS DI:	19/2/20	À					
	Inward No: 21833 Dt: MRN No: 8137 Dt: Received By: Chish		1					*
	Received Ashish	tel	A CONTRACTOR OF THE PARTY OF TH					

Amount Chargeable (in words)

E. & O.E

INR	One	Thousand	Two	Hundred	Sixty	Only
HALL	Olie	HIUUSanu	IAAA	HUHUHUU	OINCE	~ ,

HSN/SAC	Taxable	Cen	tral Tax	Sta	ite Tax	Total
11014/0/10	Value	Rate	Amount	Rate	Amount	Tax Amount
0.4000000		2 50%	30.00	2.50%	30.00	60.00
64029990 Total	1,200,00	2.007	30.00		30.00	60.00

Tax Amount (in words) : INR Sixty Only

Company's PAN

AAOFG9573A

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. Company's Bank Details

Bank Name

: AXIS BANK

A/c No.

919020070179320

Branch & IFS Code: MG Road, Secunderabad & UT B0000068 for GLQBALSAFETY SOLUTIONS

D-500 003.

Customer's Seal and Signature

This is a Computer Generated Invoice

### Tax Invoice

GLÖBAL SAFETY SOLUTIONS #5-5-48,Raniguni,	Invoice No. 1222	Dated 16-Jul-2020
Secunderabad-500003 GSTIN/UIN: 36AAOFG9573A1Z5	Delivery Note	Mode/Terms of Payment
State Name: Telangana, Code: 36 E-Mail: gss.infoteam@gmail.com	Supplier's Ref.	Other Reference(s)
Buyer Nilgiri Estates	Buyer's Order No.	Dated
5-4-187/384, 2nd Floor, M G Road, Secunderabad	Despatch Document No.	Delivery Note Date
GSTIN/UIN : 36AAHFN0766F1ZA State Name : Telangana, Code : 36	Despatched through	Destination
	Terms of Delivery	

SI No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Hillson Make Beston Safety Shoes 9/1, 8/2	64029990	5 %	3 prs	400.00	prs		1,200.00
	CGST@2.5% SGST@2.5%				2.50 2.50			30.00 30.00
	MRN close	9						
	Inward No: 21833 Dr. MRN No: Si	:/6/4/00						
	Received By: Ashish Nilgiri Late	(And	3	3 prs				₹ 1,260.00

Amount Chargeable (in words)

E. & O.E

INR One	Thousand	Iwo	Hunarea	Sixty	Only

HSN/SAC	Taxable	Cen	tral Tax	Sta	ite Tax	Total
11011/0/10	Value	Rate	Amount	Rate	Amount	Tax Amount
0.4000000	1,200.00	2.50%	30.00	2.50%	30.00	60.00
64029990 Total			30.00		30.00	60.00

Tax Amount (in words) : INR Sixty Only

Company's PAN

: AAOFG9573A

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. Company's Bank Details

: AXIS BANK Bank Name

919020070179320 A/c No.

Branch & IFS Code : MG Road, Secunderabad & VTIB0000068

for GLOBAL SAFETY SOLUTIONS

SECUINDE SECUENTATION 003.

Customer's Seal and Signature

+91 9581228898

+91 9502555088



## **GLOBAL SAFETY SOLUTIONS**

Manufacturers Representatives and Marketers of Industrial and Safety Products.

# 5-5-48, Ranigunj, Secunderabad - 500 003. T.S.

E-mail: gss.infoteam@gmail.com

To, Nilgiri Estates

No. 1222

Date 16/07/2020

Against your order No. <u>68779-72859</u>

**PARTY GSTIN:** 

\_\_\_\_\_\_

<b>海魚</b> 新型					_
, Sloes Hillson	Boston 9, 8,	3Po	400/-	5	
	20 4 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Pro-		OERTIES	
1.	0.4		opi opi	INWARD No. 39999 Date 2017	17.17
MRN CLOS			1 1/3	A S	
INWARD	16 16 10 TO			1	
word No: 21833 Dr:	" And		A		
Received Bahish	ate?	195			
				luisher	
	MRN Clos  INWARD  INWA	MRN closed  INWARD  IN	MRN closed  INWARD  IN	MRN closed  NWARD  NWARD  NO: 2823 DI: 16 April  RN No: Sign And	MRN Closed  NO: 2823 DI: WARD  SIRR MO: SIRR MO: SIRR

Goods once sold will not be taken back or exchanged.

Received the materials in good condition.

Subject to Secunderabad Jurisdiction

Signature of Customer.

For GLOBAL SAFETY SOLUTIONS

### **Purchase Order**

	Page(s)	1 Of 1
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11-07-2020 2:14:59 PM

From Company: Nilgiri Estates

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

G S T No.: 36AAHFN0766F1ZA



Supplier Details			
Global Safety Solutions	Doc No	68779	72859
5-5-48, Ranigunj, secunderbad	Doc Date	24-06-202	20
	Quote No	Nil	
GSTIN 36AAOFG9573A1Z5	<b>Quote Date</b>	17-06-202	20
9502555088/9581228898	SupplyType	Supply	

### Kind Attn: Mr.Qasim Hussain/AQ Shakir

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 6155 - Miscellaneous - Safety Shoe - NA - pair no.9-01 no no.8-2 nos	3.00	400.00	0.00	5.00	1,260.00
	Total Order Value				1,260.00

#### 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** 

Next Day.

**Delivery Location** 

Nilgiri Homes Phase - II

Sy.No.143/133/134/135/136, Rampally Village. Mallesham 9553797190

**Penality For Delay 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 Site use purpose.

**Completion Date** 

Nil Nil

Measurment Security

Nil

Remarks

For Nilgiri Estates Authorised Signatory

Accepted the above Terms And Conditions

For Global Safety Solutions

Name :

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

Requisition Form Company Name: NILGIRI ESTATES Date: 09-07-2020 Site & Phase: NILGIRI ESTATE Time: 14:23 Supplier Req. No. 72859 Material required before date: ID No. 58 379 No Description Size Inward No Quantity Units Date Raincoat 1 STD 05 No's Umbrella 2 Big 05 No's Safety Shoes 3 08 02 No's Safety Shoes 4 09 01 No's 5 6 7 8 9 10 demarks: - FOR OFFICE USE PURPOSE Prepared By Pasha Approved by Sign.& Date 09-07-2020 Sign. & Date Note: On receipt of material at site write inward number and date in last 2 columns. Company Name: Date: Site & Phase: Time:

Site & Thuse.			Time:				2 8		
Supplier				Req. No. ID No.					
Material required before date: Urgent									
No	Descrip	otion	ion		ize	Quantity	Units	Inward No	Date
1		d .							
2		r <sub>i</sub>							
3									
4	*								
5									
6					18	1			
7					E				
8									
9 .	3								
10	9		8						
Remarks:						<del></del>			
Prepared By	pared By				Approved by			123	
Sign.& Date	ign.& Date				Sign. & Date				

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