PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	30/7/20	Prepared by:	Sowmya.
PO/WO no.	68963.	PO / WO Date.	20/7/20.
Supplier Name	OM Sree Medisurge	PO/WO amount	10,214
Firm/Company	SSllp	Project	Shllp.
Sl. No.	Bill No.	Bill Date	Bill amount
1.	6f05168	23/7/20	10,214
2.			
3.			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			10,214

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.			81480.	☑ 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:	10,214.
Amount E – PO / WO value:	10,214
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	**1.8.2020**

Remarks:

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	Sowmya						
Date	30/7/20						

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/-

Po- 68963 - 14722

TAX INVOICE

OM SREE MEDISURGE INC

PLOT NO.66C,GROUND FLOOR,ADDAGUTTA SOCIETY,
WESTERN HILLS,KUKATPALLY,HYDERABAD-72. Bank:HDFC A/CNO:16392560000277,IFSC HDFC0001639
Phone :48552762,7416097446,9985056542 Mail ID: omsreemedisurge@gmail.com

GST No : 36AABFO8145K1ZZ

D.L No 21B: 424/RR/AP/2008/W

To : **SUMMIT SALES LLP**
5-4-187/ 2ND FLOOR
M.G ROAD SECUNDERABAD
HYDERABAD Ph:

Code : SUMMIT
DL Nos :
Gst No : 36ACQFS2044C1Z7
RepName:TRILOK CHAND Ph:9866244440

TaxInvNo : OF05168
InvDate : 23/07/2020
Type : Credit

S.No.	MFG	Product Name	Pack	HsnCode	Batch	Expriy	Qty	Free	M.R.P	Rate	Amount	GST%
1	PEPTAS	HAND SANITIZER (STERIPEP	1*500	29051990	01	05/2025	48		250.00	190.00	9120.00	12.00

INWARD
Inward No: 4627 Dt: 27/7/20
MRN No: 81480 Dt: 27/7/20
Received By: Sign:
SUMMIT SALES LLP

Certified by:
Stores Manager

MODI PROPERTIES PVT. LTD. SEC'BAD
INWARD
No. 67927
Date. 31/7
Sign.

Note : ***3ply Face Masks, PPE Kits, Hand Sanitizers 100-500Ml & 5Lts Availab

	CGST% VALUE	CGST AMT	SGST% VALUE	SGST AMT
0% :	0.00		0.00	
5% :	0.00	0.00	0.00	0.00
12%:	4560.00	547.20	4560.00	547.20
18%:	0.00	0.00	0.00	0.00
28%:	0.00	0.00	0.00	0.00

No.of Items:	1	SubTotal:	9120.00
No.of Units:	48	Less Disc:	0.00
(-/+)Adjust:	0.00	Gst Amt:	1094.40
Rounding :	-0.40		

Ten Thousand Two Hundred Fourteen Rupees Only

NET PAYABLE: **10214.00**

The goods supplied in this invoice do not contravene
section 18 of the drugs & cosmetics act 1940.
Subject To HYDERABAD Jurisdiction. E.&O.E.

For OM SREE MEDISURGE INC

Customer Signtory **Authorised Signatory**

Purchase Order

 23-07-2020 4:34:38 PM

68963
21.07.20 2:16:56

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

Supplier Details			
Om Sree Medisurge Inc	**Doc No**	68963	14722
Plot 66C, ground floor, Addagutta society, Western hills, Kuatpally, Hyderabad-500072.	**Doc Date**	20-07-2020	
	Quote No	Nil	
GSTIN 36AABFO8145K1ZZ	**Quote Date**	05-05-2020	
040-48552762 7416097446	**SupplyType**	Supply	

Kind Attn : Trilok

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	4112 - Consumables - Sanitizer - 500 ml - Nos	48.00	190.00	0.00	12.00	10,214.40
					Total Order Value . . .	**10,214.40**

Rupees : Ten Thousand Two Hundred Fourteen and Paise Fourty Only.

Terms and Conditions :-

Specification / Brand	Peptas hand sanitizer, soduim hypoclorite as mentioned
Payment Terms	After delivery and production of bill
Tax	Included in the above
Delivery Date	With in a day
Delivery Location	Summit Housing LLP Cherlapally,Behind Kingston PG college, Hyderabad Phone. 9618244433, Hamendra,9502266233, Mahesh.
Penality For Delay	Nil
Transportation Cost	Nil
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the rights to reject the items if not as specified, above order is for Staff and site purposes
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	Nil

For ***Summit Sales LLP***

Authorised Signatory

Name : ____________

Accepted the above Terms And Conditions

For ***Om Sree Medisurge Inc***

Name : ____________

Date : __/__/____

Requisition Form

Company Name:	SSLLP	Date:	18.7.2020
Site & Phase :	SHLLP	Time:	15.00
Supplier		Req. No.	14722
Material required before date:		ID No.	58 558

No	Description	Size	Quantity	Units	Inward No	Date
1	SANITIZER		48	NOS		
2	68963					
3						
4						
5						
6						
7						
8						
9						

Remarks: FOR STOCK MAINTENANCE AT SSLLP

Prepared By	SOWMYA	Approved by	APPROVED BY
Sign.& Date	18.07.2020	Sign. & Date	22 JUL 2020 SOHAM MODI MANAGING DIRECTOR

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

Estimate/Draft PO

 20-07-2020 4:51:51 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			
Om Sree Medisurge Inc	**Doc No**	68963	14722
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	Quote No	Nil	
GSTIN 36AABFO8145K1ZZ	**Quote Date**	05-05-2020	
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Phone. 9618244433, Hamendra,9502266233, Mahesh.

Penality For Delay Nil

Transportation Cost Nil

Warranty Nil

Advance Paid Nil

Other Terms We reserve the rights to reject the items if not as specified, above order is for Staff and site purposes

Completion Date Nil

Measurment Nil

Security Nil

Remarks Nil

APPROVED BY
22 JUL 2020
SOHAM MODI
MANAGING DIRECTOR

For ***Summit Sales LLP***

Authorised Signatory

Accepted the above Terms And Conditions

For ***Om Sree Medisurge Inc***

Name : ____________________

Name : ____________________

Date : __/__/____