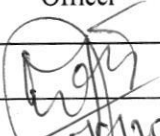


PURCHASE DIVISION  
Advice for approval for credit to supplier

24

Date:	05/08/2020	Prepared by:	T.D. Murthy				
PO/WO no.	69037	PO / WO Date.	22/07/2020				
Supplier Name	Praful Sanitary	PO/WO amount	Rs. 39,073/-				
Firm/Company	Nilgiri Estates	Project	Nilgiri Estates				
Sl. No.	Bill No.	Bill Date	Bill amount				
1.	242	27/07/2020	Rs. 41,433/- ✓				
2.	-	-	-				
3.	-	-	-				
4.			-				
Amount A – Bills total(Excluding Transport & Hamali Charges):			Rs. 41,433/- ✓				
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.	242	27/07/2020	81491	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount B –Other Credits :			-				
Amount C –Other Debits :			-				
Amount D (D=A+B-C) – Amount to be credited to the supplier:			Rs. 41,433/- ✓				
Amount E – PO / WO value:			Rs. 39,073/-				
Amount F – Difference (A – E):			Rs. 2,360/-				
Quantity received as per PO /WO		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below)					
Is difference between PO / Bill acceptable?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)					
Excess / short material received		<input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)					
Close PO / W?O		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)					
Advance paid / PDC given (deduct when paying)		<input type="checkbox"/> Yes – Rs. ___/- <input checked="" type="checkbox"/> No					
Payment – due date		08/08/2020					
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	5/8/20						

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 INVOICE**

(ORIGINAL FOR RECIPIENT)

<b>Praful Sanitary</b> 3-6-429/6, SRI SAI TOWER, St No.4 HIMAYAT NAGAR HYDERABAD GSTIN/UIN: 36ACWPG4864A1ZG State Name : Telangana, Code : 36 E-Mail : prafulsanitary@gmail.com Buyer <b>Nilgiri Estates</b> 5-4-187/3&4, IIInd Floor, M.G. Road Secunderabad GSTIN/UIN : 36AAHFN0766F1ZA State Name : Telangana, Code : 36	Invoice No. <b>PS/20-21/ 242</b>	Dated <b>27-Jul-2020</b>	
	Delivery Note <b>Invoice</b>	Other Reference(s) <b>9849497484</b>	
	Supplier's Ref.	Buyer's Order No. <b>69037</b>	
	Despatch Document No. <b>Invoice</b>	Dated <b>25-Jul-2020</b>	
	Despatched through <b>Goods Vehicle</b>	Delivery Note Date <b>27-Jul-2020</b>	
	Bill of Lading/LR-RR No.	Destination <b>Rampally</b>	
		Motor Vehicle No. <b>TS10UB0147</b>	

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>110mm Eco Drain Pipe SN 8</b>	3917	18 %	<b>32 No:</b>	1,669.00	No:	38 %	<b>33,112.96</b>
	<i>Output CGST</i>							<b>3,160.17</b>
	<i>Output SGST</i>							<b>3,160.17</b>
	<i>Transport Charges @ 15%</i>	99	16 %					<b>2,000.00</b>
	<i>ROUNDING OFF</i>							<b>(-)0.30</b>
	Less :							
<b>Total</b>								<b>₹ 41,433.00</b>

Amount Chargeable (in words) **Indian Rupees Forty One Thousand Four Hundred Thirty Three Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
3917	33,112.96	9%	2,980.17	9%	2,980.17	5,960.34
99	2,000.00	9%	180.00	9%	180.00	360.00
<b>Total</b>	<b>35,112.96</b>		<b>3,160.17</b>		<b>3,160.17</b>	<b>6,320.34</b>

Tax Amount (in words) : **Indian Rupees Six Thousand Three Hundred Twenty and Thirty Four paise Only**



Company's PAN : **ACWPG4864A** for Praful Sanitary  
 Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION  
 This is a Computer Generated Invoice





7510UB0147  
12:27

7/27/20

E-Way Bill System



# E - WAY BILL SYSTEM



## e-Way Bill




E-Way Bill No: **1012 3572 4807**  
 E-Way Bill Date: **27/07/2020 10:41 AM**  
 Generated By: **36ACW PG486 4A1ZG - ASHISH GUPTA**  
 Valid From: **27/07/2020 10:41 AM [35Kms]**  
 Valid Until: **28/07/2020**

### Part - A

GSTIN of Supplier: **36ACWPG4864A1ZG,PRAFUL SANITARY**  
 Place of Dispatch: **Himayat Nagar,TELANGANA-500029**  
 GSTIN of Recipient: **36AAH FN076 6F1ZA ,NILGIRI ESTATES**  
 Place of Delivery: **SECUNDERABAD,TELANGANA-501301**  
 Document No.: **PS/20-21/242**  
 Document Date: **27/07/2020**  
 Transaction Type: **Regular**  
 Value of Goods: **₹ 41433.29**  
 HSN Code: **3917 - PIPES( +1 )**  
 Reason for Transportation: **Outward - Supply**  
 Transporter:

### Part - B

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWB No. (if any)	Multi Veh.Info (if any)
Road	TS10HBR147	Himayat Nagar	27/07/2020 10:41 AM	36ACWPG4864A1ZG	-	-

**INWARD**  
 Inward No: **21867** Dt: **27/7/20**  
 MRN No: **81491** Dt: **27/7/20**  
 Received By: **Ashish** Sign.   
**Nilgiri Estates**



101235724807

# Purchase Order

Page(s) 1 Of 1

25-07-2020 11:23:41 AM



24.07.20 11:20:52

From Company : **Nilgiri Estates**  
5-4-187/3 & 4, IIInd Floor, M.G.Road, Secunderabad - 500003.  
G S T No. : 36AAHFN0766F1ZA

Supplier Details		Doc No	69037	72880
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad.		Doc Date	22-07-2020	
GSTIN 36ACWPG864A1ZG 40077300		Quote No	Nil	
65526886. 9849624797		Quote Date	22-07-2020	
		SupplyType	Supply	

**Kind Attn : Mr. Ashish Gupta**

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 10112 - Plumbing - PVC - Eco Drain Pipes - 110 mm - nos	32.00	1,669.00	38.00	18.00	39,073.29
<b>Total Order Value . . .</b>					<b>39,073.29</b>

Rupees : Thirty Nine Thousand Seventy Three and Paise Twenty Nine Only.

**Terms and Conditions :-****Specification / Brand** All items shall be of 'Supreme' brand.**Payment Terms** Within 30 days of delivery.**Tax** Inclusive of all taxes**Delivery Date** Within 7 days**Delivery Location** Nilgiri Homes Phase - II  
Sy.No.143/133/134/135/136, Rampally Village.  
Phone. Malleham 9553797190**Penalty For Delay** Nil**Transportation Cost** Extra.**Warranty** Nil**Advance Paid** Nil**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for cable laying from transformer to club house pannel board purpose.**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Nilgiri Estates**

Authorised Signatory

Name : 

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : \_\_\_\_\_

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

### Requisition Form

Company Name:		NILGIRI ESTATES		Date:		21.07.2020	
Site & Phase :		NILGIRI ESTATE		Time:		12:03	
Supplier				Req. No.		72880	
Material required before date:					ID No.		58640
No	Description	Size	Quantity	Units	Inward No	Date	
1	Eco drain Pipe	4"	32	Nos			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Remarks: - For Cable Laying From Transformer to Club house panel board							
Prepared By		Rahul .T		Approved by			
Sign.& Date		21.07.2020		Sign. & Date			

**APPROVED BY**  
 27 JUL 2020  
 SOHAM MODI  
 MANAGING DIRECTOR

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

Company Name:				Date:			
Site & Phase :				Time:			
Supplier				Req. No.			
Material required before date:			Urgent		ID No.		
No	Description	Size	Quantity	Units	Inward No	Date	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							