

PURCHASE DIVISION  
Advice for approval for credit to supplier

Date:		5/8/20		Prepared by:		HEMENDRA	
PO/WO no.		69248		PO / WO Date.		22/7/20	
Supplier Name		Vivid World		PO/WO amount		926/-	
Firm/Company		SSCP		Project		SSCP	
Sl. No.	Bill No.	Bill Date		Bill amount			
1.	1758	22/7/20		926/-			
2.							
3.							
4.							
Amount A – Bills total(Excluding Transport & Hamali Charges):						926/-	
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.				<input 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			
4.				<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:						926/-	
Amount E – PO / WO value:						926/-	
Amount F – Difference (A – E):						-	
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 type="checkbox"/> Yes <input type="checkbox"/> No (explained below)				
Excess / short material received			<input 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 type="checkbox"/> No				
Payment – due date			14.8.2020				
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	5/8						

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/-



# Purchase Order

28-07-2020 16:36:30



69248

31.07.20 12:12:34

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

## Supplier Details

Vivid World  
204, Kubera Towers, Narayanaguda, Hyderabad.

**GSTIN** 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

<b>Doc No</b>	69248	16370
<b>Doc Date</b>	22-07-2020	
<b>Quote No</b>	Nil	
<b>Quote Date</b>	22-07-2020	
<b>SupplyType</b>	Supply	

**Kind Attn : Mr. Vishal**

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3523 - Computers and Peripherals - Toner refill - NA - nos 12A	2.00	230.00	0.00	18.00	542.80
2 3522 - Computers and Peripherals - Toner drum - NA - nos 12A	1.00	325.00	0.00	18.00	383.50
<b>Total Order Value . . .</b>					<b>926.30</b>

Rupees : Nine Hundred Twenty Six and Paise Thirty Only.

## Terms and Conditions :-

<b>Specification / Brand</b>	As per details given in the quotation
<b>Payment Terms</b>	After Delivery & Production of bill
<b>Tax</b>	All taxes included in above price.
<b>Delivery Date</b>	Same Day
<b>Delivery Location</b>	Head Office 5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003 Phone. 040-66335551
<b>Penalty For Delay</b>	Nil
<b>Transportation Cost</b>	Included in the above price.
<b>Warranty</b>	Nil
<b>Advance Paid</b>	Nil
<b>Other Terms</b>	We reserve the right items not conforming to quality and specifications. Above order for site office use purpose
<b>Completion Date</b>	Nil
<b>Measurement</b>	Nil
<b>Security</b>	Nil
<b>Remarks</b>	

For **Summit Sales LLP**

Authorised Signatory

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

*Handwritten signature and date: 28/07/2020*

Accepted the above Terms And Conditions

For **Vivid World**

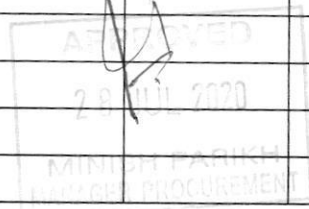
Date : \_\_\_/\_\_\_/\_\_\_

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

### Requisition Form

Company Name:		Summit Sales LLP		Date:		22-07-2020	
Site & Phase :		Head Office		Time:			
Supplier				Req. No.		16370	
Material required before date:				ID No.		58822	
No	Description	Size	Quantity	Units	Inward No	Date	
1	12A toner refilling		1	No			
2	88A toner refilling		1	No			
3	12A Toner Drum		1	No			
4							
5							
6							
7							
8							
9							
10							
Remarks: This is for CR Dept,							
Prepared By		K.Suneel		Approved by			
Sign.& Date		22-07-2020		Sign. & Date			

PO  
67248



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

### Requisition Form

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

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