PURCHASE DIVISION Advice for approval for credit to supplier

Date:			18/2	20	Prep	pared by:		HEMENDRA		
PO/WO no.	8		149-	112	PO	WO Date.		221	112.	
Supplier Na	ime		Vivid	world	PO/	WO amoun	t	2 0	211	
Firm/Comp	any	•	3511		Proj	ect		Class	20/-	
Sl. No.		Bill No.	2) ((1	Bill	Date		Bill amount		
1.			17 (2	>		7.7	12/20	9	261-	
2.			11 30			~ ~	1100	10	20/	
3.										
4										
Amount A	- Bills tota	al(Excluding	g Transport &	Hamali Cl	narges):			9	711-	
Sl. No.	DC No		DC.	Date		MRN	No.	DC matches MR	RN RN	
1.			_	-				□ Yes □ No		
2.								□ Yes □ No		
3.								□ Yes □ No		
4.								□ Yes □ No		
Amount B	Other Cro	edits :_						_		
Amount C -	Other De	bits:_								
Amount D ((D=A+B-0	C) – Amour	nt to be credite	d to the su	pplier:			9	261-	
Amount E -	PO / WO	value:							2) 6 1-	
Amount F -	- Differen	ce (A – E):						,		
Quantity red	ceived as	per PO/WO)		□ Yes □	Excess rec	eived Short r	eceived \square Other (e	explained below)	
Is difference	e between	PO / Bill a	cceptable?		□ Yes □	No (explai	ned below)			
Excess / sho	ort materia	al received			□ Appro	oved – with	in acceptable li	mits No (explain	red below)	
Close PO /	W?O					No – wait	for balance ma	terial No (explai	ned below)	
Advance pa	nid / PDC	given (dedu	ct when payin	g)	□ Yes –	Rs <u>.</u> /-	□ No			
Payment – due date					14.8.2020					
Remarks:										
Approve	N N N	ırchase	Purchase	Procur		M D	Account			
by		fficer	Manager	Mana	ager		receiver bill	of	Manager	
Sign: Date		12								
Date		150								

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/-

M/s. VIVID WORLD

Nagole, Hyderabad – 500 068, Telangana State. Tel: +91-9246215868

GSTIN: 36AVTPS1528D1ZB

TAX INVOICE

Invoice No.: 1/58						ort wode.						
Invoice Date: 22/07/2020				2		Number:						15
Reverse Charge (Y/N):					Date of	f Supply:						
State : TELANGANA	Code	е	36	5								
Bill to Party	E s							Ship to	o Part	У		
Address: M/S.SUMMIT SALES LLP,				8	GATE P	ASS NO:11	76					
5-4-187/3&4 , 2 ND FLOOR , SOHAM MA	NSION,									-		
MG ROAD, SECBAD.												
GST: 36ACQFS2044C1Z7					GSTIN							
State: TELANGANA			Co de		State :					=	Co de	
Product Description	HSN Code	U	Qty	Rate	Amount	TAXABLE VALUE	CG	ST		SGST	TOTAL	- 1950 (1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960
		M					RA	AMT	RA	AMT		
							TE		TE			
HP 12A / 88A LASER TONER REFILLING	3707	H	02	230.00	460.00	82.80	9%	41.40	9%	41.40	542.8	0
HP 12A LASER TONER DRUM	8443	П	01	325.00	325.00	58.50	9%	29.25	9%	29.25	383.5	0
		-	nemacus m									1
INWAI	RD		100									
Inward No: 304	Add to the second	100	dra-									
MRN No:	Dt:						-		-			
Received By:	Signi	1	7	C. Daniel C.								
Samorott			Y							-		
MODIFICATION AND A STATE OF THE	KIII	19										11
B. Andrewson Co.	-	+			785.00	141.30					926.3	0
											785.0	00
RS. NINE HUNDRED TWENTY SIX AND TH	IRTY PA	ISE (ONLY	•		ADD :CGST 9°	%				70.65	i
(RS.926.30)						ADD: SGST 99	%				70.65	;
9						Total Amount	After Tax				926.3	
						GST on Reven					72010	
							167	/		<u></u>		
Bank Details						Ce	rtified th	May	the same of	n above are t	rue and cor	rect
Bank Name : INDIAN BANk			. 1	\	/		/	For	MINID/	WORLD		
Branch : Narayanguda Branch			9	5			(1	>	& V	[E]		
Bank A/C : 406746378		(12				1	Autho	rized	Signatory		
Bank IFSC : IDIB000N015	1	7	Commo	on Seal				MIN	# 17	1		



Purchase Order

28-07-2020 16:36:30

69248

mpany: Summit Sales LLP

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

G S T No.: 36ACQFS2044C1Z7

pplier Details √ivid World Doc No 69248 16370 204, Kubera Towers, Narayanaguda, Hyderabad. **Doc Date** 22-07-2020 **Quote No** GSTIN 36AVTPS1528D1ZB **Quote Date** 22-07-2020 6682-3161/6682-3171 92462-15868 SupplyType 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	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
		Total O	der Value	e	926.30

Rupees: Nine Hundred Twenty Six and Paise Thirty Only.

Terms and Conditions :-

Specification / Brand As per details given in the quotation

Payment Terms

After Delivery & Production of bill

Tax

All taxes included in above price.

Delivery Date

Same Day

Delivery Location

Head Office

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

Phone. 040-66335551

Penality For Delay

Nil

Transportation Cost

Included in the above price.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right items not conforming to quality and specifications. Above order for site office use purpose

Completion Date

Nil

Measurment

Nil Nil

Security Remarks

Accepted the above Terms And Conditions

For Vivid World

For Summit Sales LLP
Authorised Signatory
Name:

Name '	The second secon

Date : __/____

Requisition Form

:	Summit Sales LLP		Date:		22-07-2020		
	Head Office		Time:				
			Req. No.		11-320		
d before date:	:		ID No.				
Descri	ption	Size	Quantity	Units	Inward No	Date	
refilling			1	No			
refilling			1	No			
r Drum			1	No			
	5						
	R		1				
	220			1			
	/ 6		TAF	A VED			
			2.0	Kuli 2020			
			1	1			
			MIN	IBH PARH	MENT		
for CR Dept	,			41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
	K.Suneel		Approved by				
	22-07-2020		Sign. & Date				
	d before date Descrive refilling refilling r Drum	Head Office d before date: Description refilling refilling r Drum for CR Dept, K.Suneel	Head Office d before date: Description Size refilling r Drum for CR Dept, K.Suneel 22-07-2020	Head Office Time: Req. No. ID No. Description Size Quantity refilling I Torum I For CR Dept, K.Suneel Approved by 22-07-2020 Sign. & Date	Head Office Time: Req. No. ID No. Description Size Quantity Units refilling I No refilling I No refor CR Dept, K.Suneel Approved by 22-07-2020 Sign. & Date	Head Office Time: Req. No. Description Size Quantity Units Inward No refilling I No refilling I No reform Approved by 22-07-2020 Sign. & Date	

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

Requisition Form

	Date:								
	Time:								
	Req. No.								
	ID No.								
Size	Quantity	Units	Inward No	Date					
Prepared By									
Sign & Date									
	Size	Req. No. ID No.	Date: Time: Req. No. ID No. Size Quantity Units Approved by Sign. & Date	Date: Time: Req. No. ID No. Size Quantity Units Inward No Approved by Sign. & Date					

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