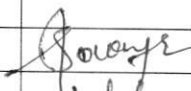


PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	10/8/20.		Prepared by:	SOWMYA			
PO/WO no.	68703.		PO / WO Date.	7/7/20			
Supplier Name	Precision 700/s Centre		PO/WO amount	1,730.			
Firm/Company	Deene Constructions LLP		Project	Deene farms.			
Sl. No.	Bill No.	Bill Date	Bill amount				
1.	PTC - 30723	30/7/20.	1,730				
2.							
3.							
4.							
Amount A – Bills total(Excluding Transport & Hamali Charges):				1,730			
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.			81645	☒ 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:				1,730			
Amount E – PO / WO value:				1,730			
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			14.8.2020				
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	10/8/20.						

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/-

TAX INVOICE

ORIGINAL

For Recipient

Precision Tools Centre

5-5-198/1, Ranigunj,
Secunderabad, Telangana
500003
9866660676

GSTIN 36AALFP7122M1ZT Invoice Date 30/07/2020
State 36-Telangana Invoice No. PTC-30723
PAN AALFP7122M Reference No. 68703/150286 Dt:07-07-2020

Customer Name

SERENE CONSTRUCTIONS LLP

Billing Address

SERENE CONSTRUCTIONS LLP
Telangana
India

Shipping Address

SERENE CONSTRUCTIONS LLP
Telangana
India
36ACVFS7909P1ZV

Customer GSTIN

36ACVFS7909P1ZV

Place of Supply 36-Telangana

Due Date 30/07/2020

Item	HSN / SAC	Quantity	Rate / Item (₹)	Discount Rate (%)	Taxable Value (₹)	CGST (₹) @9%	SGST / UTGST (₹) @9%	CESS (₹)	Total (₹)
1. Taparia Cutting Plier 8"	8203	3.00 NOS	261.00	15.00%	665.55	59.90 @9%	59.90 @9%	0.00	785.35
2. Taparia Tester 814	8205	5.00 NOS	48.00	15.00%	204.00	18.36 @9%	18.36 @9%	0.00	240.72
3. Taparia Screwdriver Set 812	8205	3.00 SET	234.00	15.00%	596.70	53.70 @9%	53.70 @9%	0.00	704.10
Total					1,466.25	131.96	131.96	0.00	1,730.17

Taxable Amount ₹ 1,466.25

Total Tax ₹ 263.92

Rounding off ₹ (0.17)

Total Value ₹ 1,730.00

Total amount (in words)

One Thousand Seven Hundred Thirty Rupees Only

Bank Details:

Account Number 076109000038497 IFSC CIUB0000076
Bank Name: CITY UNION BANK Branch Name: RANIGUNJ

Terms & Conditions:

Please Recheck your GST NO.

No Returns, No Exchanges.

For Precision Tools Centre

Authorized Signatory

INWARD	
Inward No: 5198	Dt: 31/7/2020
MRN No: 81645	Dt: 01/08/2020
Received By: <i>[Signature]</i>	Sign:
Serene Construction (Hyd) LLP	



Purchase Order

Page(s) 1 Of 1

07-07-2020 4:41:58 PM



68703

08.07.20 3:08:59

From Company : **Serene Constructions LLP**
5-4-187/374,ii Floor,M.G.Road,Secunderabad-500 003.
G S T No. : 36ACVFS7909P1ZV

Supplier Details

Precision Tools Centre
7811, Ranigunj, Secunderbad

GSTIN 0

27713364

9866660676

Doc No	68703	150286
Doc Date	07-07-2020	
Quote No	Nil	
Quote Date	05-09-2019	
SupplyType	Supply	

Kind Attn :

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	IGST	Amount
1 9516 - Tools - Cutting plyer - NA - nos	3.00	261.00	15.00	18.00	785.35
2 9587 - Tools - Tester - NA - nos	5.00	48.00	15.00	18.00	240.72
3 9562 - Tools - Screw driver - NA - nos Kit Scev Driver	3.00	234.00	15.00	18.00	704.11
Total Order Value . . .					1,730.18
Rupees : One Thousand Seven Hundred Thirty and Paise Seventeen Only.					

Terms and Conditions :-

Specification / Brand All items shall be of 'Taparia' brand

Payment Terms 100% as advance

Tax Inclusive of all taxes

Delivery Date Next Day.

Delivery Location Serene Farms
Sy no-44, Yenkepally Village, Chevella Mandal,RR.Dist-501 503
Phone. ..

Penalty For Delay Nil

Transportation Cost Transport cost shall be borne by us.

Warranty Nil

Advance Paid Rs.... cheq....

Other Terms We reserve the right to reject items not conforming to quality and specifications. Above order for Site use purpose

Completion Date Nil

Measurment Nil

Security Nil

Remarks

For **Serene Constructions LLP**

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For **Precision Tools Centre**

Name : _____

Date : __/__/__

Requisition Form

Company Name:		serene constructions llp		Date:		04/07/2020	
Site & Phase :		serene farms		Time:		12:30	
Supplier				Req. No.		150286	
Material required before date:		07/07/2020		ID No.		58259	

No	Description	Size	Quantity	Units	Inward No	Date
1	chisel	std	02	nos		
2	hammer	2.5 pounds	02	nos		
3	insulation tapes	std	02	box		
4	waterproof insulation tapes	std	01	box		
5	tester	std	05	nos		
6	cutting plyer	std	03	nos		
7	screw driver	std	03	nos		
8						
9						
10						

Remarks:

Prepared By	syed golam sarwar	Approved by	
Sign. & Date	04/07/2020	Sign. & Date	

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


APPROVED BY
06 JUL 2020
SOHAM MODI
MANAGING DIRECTOR

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.