PURCHASE DIVISION Advice for approval for credit to supplier

Date:			10/8/20	n	Prepare	d by:		SOW	VMYA		
PO/WO no	Ono. 69222		5	PO / We	PO / WO Date.			38/7/20-			
				PO/WO amount				18,933			
Firm/Company		GNE	sanitory Gyre.		Project		GIVEC				
Sl. No.		Bill No.	C) V K		Bill Dat	e		Bill	Bill amount		
1.			PS/20-	21/258	2	1/8/20) ,		18,933		
2.						10120	,		1		
3.											
4											
Amount A	– Bills tot	al(Excluding	g Transport &	Hamali Char	ges):				18,933		
Sl. No.	DC No		DC.	Date		MRN No.		DC r	natches MRN		
1.						817	13	∕ Ye	es 🗆 No		
2.								□ Ye	es 🗆 No		
3.								□ Ye	s 🗆 No		
4.								□ Ye	s 🗆 No		
Amount B	Other Cr	edits:_							-		
Amount C	Other De	ebits:							-		
Amount D	(D=A+B-	C) – Amoun	nt to be credite	ed to the supp	lier:			1	8,933		
Amount E	- PO / WO) value:							8,933		
Amount F -	- Differen	ce (A – E):									
Quantity re	ceived as	per PO /WC)	7	Yes 🗆 Exc	cess receive	d □ Short red	ceived	d □ Other (expla	nined below)	
Is differenc	e between	PO / Bill ac	cceptable?	1	Yes □ No	(explained	below)				
Excess / sho	ort materia	al received			Approved	- within ac	ceptable lim	its 🗆 1	No (explained b	pelow)	
Close PO /	W?O			1	Yes 🗆 No	– wait for b	palance mate	rial 🗆	No (explained	below)	
Advance pa	id / PDC	given (dedu	ct when payir	ıg)	Yes – Rs.	<u>/-</u> □ N	0				
Payment – due date			1	14.8.2020							
Remarks:											
Approve		urchase Officer	Purchase Manager	Procurem Manage		M D	Accounts receiver of bill	- 1	Accountant	Accounts Manager	
Sign:	ds	monte									
Date	1	10/8/20:							-1:4 - u ouo dit 2	Attach	

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

Praful Sanitary 3-6-429/6, SRI SAI TOWER, St. No.4 HIMAYAT NAGAR HYDERABAD
GO IN/UIN: 36ACWPG4864A1ZG
State Name: Telangana, Code: 36

E-Mail: prafulsanitary@gmail.com

Buyer

GV Research Center Pvt Ltd

5-4-187/3&4, lind Floor Soham Mansion, M G Road Secunderabad

GSTIN/UIN State Name

: 36AAHCG4562D1ZP : Telangana, Code : 36

Invoice No.	Dated
PS/20-21/ 258	1-Aug-2020
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
69222	1-Aug-2020
Despatch Document No.	Delivery Note Date
Invoice	1-Aug-2020
Despatched through	Destination
Self	Thurkapally

SI 10.		HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	65mm Cpvc Pipe	3917	18 %	5 No:	3,435.00	No:	40 %	10,305.00
,	65mm Cpvc Unioun	3917	18 %	1 No:	1,314.00	No:	40 %	788.40
3	65mm Cpvc Coupler	3917	18 %	5 No:	613.50	No:	40 %	1,840.50
1	65mm Cpvc MTA	3917	18 %	1 No:	406.50	No:	40 %	243.90
5	65mm Cpvc End Cap	3917	18 %	2 No:	382.00	No:	40 %	458.40
3	65mm Cpvc Bend	3917	18 %	2 No:	1,143.00	No:	40 %	1,371.60
7	65mm Cpvc Elbow	3917	18 %	2 No:	864.50	No:	40 %	1,037.40
		*						16,045.20
	Output CGS Output SGS Less: ROUNDING OF	ST						1,444.08 1,444.08 (-)0.36
	OF THESE OF THE STATE OF THE ST				2			
	0 500 8 8 5							7 40 000 0
	To To	otal		18 No:				₹ 18,933.00

Amount Chargeable (in words)

Indian Runees Fighteen Thousand Nine Hundred Thirty Three Only

HSN/SAC		Central Tax		State Tax		Total
HONORO	Value	Rate	Amount	Rate	Amount	Tax Amount
	16.045.20	9%	1,444.08	9%	1,444.08	2,888.16
3917 Total	16.045.20		1,444.08		1,444.08	2,888.16

Tax Amount (in words): Indian Rupees Two Thousand Eight Hundred Eighty Eight and Sixteen paise Only

Company's PAN

ACWPG4864A

Declaration We declare that this invoice shows the actual price of the goods

described and that all particulars are true and correct.

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

01-08-2020 4:28:24 PM

69222

31.07.20 12:12:34

From Company: G V Reserch Centers Pvt Ltd

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-50uuu3

G S T No.: 36AAHCG4562D1ZP

Supplier Details Praful Sanitary Doc No 69222 163101 3-6-138/5, Himayat Nagar, Hyderabad. 28-07-2020 **Doc Date Quote No** GSTIN 36ACWPG864A1ZG 40077300 28-07-2020 **Quote Date** 65526886. 9849624797 SupplyType Supply

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7415 - Plumbing - CPVC - CPVC pipe - Other - nos 2 1/2"	5.00	3,435.00	40.00	18.00	12,159.90
2 7427 - Plumbing - CPVC - Union - Others - nos 2 1/2"	1.00	1,314.00	40.00	18.00	930.31
3 7418 - Plumbing - CPVC - Coupling - Others - nos 2 1/2"	5.00	613.50	40.00	18.00	2,171.79
4 7426 - Plumbing - CPVC - Thread Adpator - Others - nos MTA 2 1/2"	1.00	406.50	40.00	18.00	287.80
5 10186 - Plumbing - PVC - End Cap - NA - Nos 2 1/2"	2.00	382.00	40.00	18.00	540.91
6 7417 - Plumbing - CPVC - Elbow - Others - nos 2 1/2"	2.00	1,143.00	40.00	18.00	1,618.49
7 7417 - Plumbing - CPVC - Elbow - Others - nos 2 1/2"	2.00	864.50	40.00	18.00	1,224.13
		Total Or	der Valu	e	18,933.34

Rupees: Eighteen Thousand Nine Hundred Thirty Three and Paise Thirty Four Only.

Terms and Conditions :-

Specification / Brand All items shall be of 'Sudhakar'/Ashirvad brand.

Payment Terms

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

Next Day.

Delivery Location

Innopolis

Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana

Phone. 9502211011

Penality For Delay

Nil

Transportation Cost

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for automatic dewatering pump purpose.

Completion Date

Nil

Measurment

Nil

Security

Nil

For GV Reserch Centers Pvt Ltd

Accepted the above Terms And Conditions

For Praful Sanitary

Authorised Signatory

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1	//	0	

Name : _____

Date : __/__/___

Company Name: **GVRC** Date: 27.07.20 Site & Phase: **INNOPOLIS** Time: 14:00 Supplier Req. No. 163101 Material required before date: URGENT ID No. 58789 No Description Size Inward No Quantity Units Date **CPVC** pipes 1 63 mm 05 no's **CPVC** Union 63 mm 01 no's CPVC coupling 3 63 mm 05 no's 4 CPVC MTA 63 mm 01 no's CPVC End cap 5 63 mm 02 no's **CPVC** Bends 6 63 mm 02 no's **CPVC Elbow** 63 mm 02 no's 8 9 10 Remarks: For fixing to 2hp automatic pump for dewatering at site purpose. Prepared By MALLIKARJUN Approved by VENKATESH.G 27.07.20 VED BY Sign.& Date 27.07.20 Sign. & Date 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 Inward No Size Quantity Units Date 1 2 3 4 5 6 7 8 9 10 Remarks:

Approved by

Sign. & Date

Requisition Form

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

Prepared By

Sign.& Date