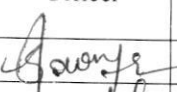


PURCHASE DIVISION
Advice for approval for credit to supplier

Date: 10/8/20.		Prepared by: SOWMYA	
PO/WO no. 68778		PO / WO Date. 11/7/20	
Supplier Name: keepakshi Yarpallin Industries		PO/WO amount: 3,556	
Firm/Company: ME		Project: ME	
Sl. No.	Bill No.	Bill Date	Bill amount
1.	1467	11/7/20.	3,556
2.			
3.			
4.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			3,556.
Sl. No.	DC No	DC. Date	MRN No.
1.			81661
2.			
3.			
4.			
Amount B – Other Credits :			
Amount C – Other Debits :			
Amount D (D=A+B-C) – Amount to be credited to the supplier:			3,556
Amount E – PO / WO value:			3,556
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
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

Invoice No. :

1467



LEPAKSHI TARPAULIN INDUSTRIES

1st Floor, Shop No.F10, S.A. Trade Centre, Above Bombay Hotel, Ranigunj 'X' Road, Secunderabad-500 003.

Phone : (0) 2770 6071, 9121013748, Cell : 99591 02999,

E-mail: lepakshitarp@gmail.com, Lnt_91@yahoo.in, www.lepakshitarpaulin.com

State Code : 36

Date : 11/07/2020

GSTIN : 36ADOPN7656C1Z7

Details of Receiver (Billed to)

Details of Consignee (Shipped to)

Name : Nilgiri Estates

Address : 5-4-18713 & 4, 2nd Floor,

M.G. Road, Sec-Bad.03.

Ph. : Cell : Cell :

GSTIN/UIN : 36AAHEN 0766 F12A .

GSTIN/UIN : Vehicle No. :

P.O. No. & Dt. 682278 / 92859 / - 11/07/2020 .

Vehicle No. :

Sl. No.	HSN (SAC) Code	Description of the Goods	Qty.	Rate	Amount Rs.	Taxable Value	CGST Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount
1)	6201	Rain Coats	3	400	1200	2000	25%	50	25%	50		
2)	6601	Umbrella	5	260	1300	1300	6%	78	6%	78		
				TOTAL	3300	3300	+	128	+	128	=	3556/-



(Rupees : in words) Three thousand five

hundred fifty eight only

E-way Bill No. :

TOTAL INVOICE RS. :

3556/-

TERMS & CONDITIONS :

1. Goods once sold will not be taken back or exchanged.
2. Subject to Secunderabad Jurisdiction only.
3. The customer should inform the firm if there is any complaint regarding the quality or quantity of the material within 48 hours from the date of invoice.
4. Inspection should be carried out at our factory premises only.
5. Interest will be charged at the rate of 24% per annum for all overdue payments.
6. Our risk & responsibility ceases as soon as the goods are despatched from our premises.

OUR BANK DETAILS :

Bank Name : PUNJAB NATIONAL BANK
 Bank Account Number : 3631002100019635
 Branch : M.G. Road, Sec'bad
 IFSC : PUNB0363100

For LEPAKSHI TARPAULIN INDUSTRIES

Authorised Signatory

Purchase Order

Page(s) 1 Of 1

11-07-2020 2:14:59 PM



68778

08.07.20 3:08:59

From Company : **Nilgiri Estates**

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

G S T No. : 36AAHFN0766F1ZA

Supplier Details

Lepakshi Tarpaulin Industries

5-5-65, 1st Floor, Shop No. F10, S.A. Trade Centre, Above Bombay Hotel, Ranigunj 'X' Road, Secunderabad-3.

GSTIN 36ADOPN7656C1Z7

2770 6071

66486071

9642662732

Doc No

68778

72859

Doc Date

11-07-2020

Quote No

Nil

Quote Date

11-07-2020

SupplyType

Supply

Kind Attn : Mr. Santosh Kumar

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 4052 - Consumables - Raincoats - NA - nos	5.00	400.00	0.00	5.00	2,100.00
2 4064 - Consumables - Umbrella - other - nos	5.00	260.00	0.00	12.00	1,456.00
Total Order Value . . .					3,556.00

Rupees : Three Thousand Five Hundred Fifty Six Only.

Terms and Conditions :-**Specification / Brand** All items shall be of 'Lotus' brand.**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Next Day.**Delivery Location** Nilgiri Homes Phase - II

Sy.No.143/133/134/135/136, Rampally Village.

Phone. Mallesham 9553797190

Penalty For Delay Nil**Transportation Cost** Included 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 Staff use purpose.**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Nilgiri Estates**

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For **Lepakshi Tarpaulin Industries**

Name : _____

Date : ____/____/____

Requisition Form

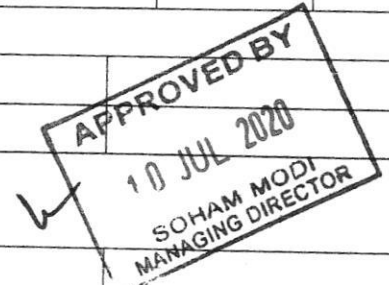
Company Name:	NILGIRI ESTATES	Date:	09-07-2020
Site & Phase :	NILGIRI ESTATE	Time:	14:23
Supplier		Req. No.	72859
Material required before date:		ID No.	58379

No	Description	Size	Quantity	Units	Inward No	Date
1	Raincoat	STD	05	No's		
2	Umbrella	Big	05	No's		
3	Safety Shoes	08	02	No's		
4	Safety Shoes	09	01	No's		
5						
6						
7						
8						
9						
10						

Remarks: - FOR OFFICE USE PURPOSE

Prepared By	Pasha	Approved by	
Sign. & Date	09-07-2020	Sign. & Date	

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:		ID No.	
	Urgent		

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.