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	Deepakshi Tarpaulin Industries	PO/WO amount	3,556.
Firm/Company	NE	Project	NE
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.	DC matches MRN
1.			81661	☑ 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:	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	M D	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

Invoice No. : 1467

Date : 11/07/2020

LEPAKSHI TARPAULIN INDUSTRIES

1st Floor, Shop No.F10, S.A. Trade Centre, Above Bombay Hotel, Ranigunj 'X' Road, Secunderabad-500 003.
Phone : (O) 2770 6071, 9121013748, Cell : 99591 02999,
E-mail: lepakshitarp@gmail.com, Lnt_91@yahoo.in, www.lepakshitarpaulin.com

GSTIN : 36ADOPN7656C1Z7

State Code : 36

Details of Receiver (Billed to)	Details of Consignee (Shipped to)
Name : Nilgiri Estates	Name :
Address : 5-4-187/3&4, 2ND FLOOR, M.G. ROAD, SEC-BAD. 03.	Address :
Ph. Cell :	Ph. Cell :
GSTIN/UIN : 36AAHFN0766F1ZA.	GSTIN/UIN :
P.O. No. & Dt. 68778 / 72859 / - 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 6201	Rain Coats	5	400		2000	2.5%	50	2.5%	50		
2)	6601	Umbrella	5	260		1300	6%	78	6%	78		
						/						
			TOTAL			3300	+	128	+	128	=	3556/-

INWARD
Inward No: 21894 Dt: 31/7/20
MRN No: 81661 Dt: 01/08/20
Received By: Ashik Sign
Nilgiri Estates

INWARD
68126
818

(Rupees : in words Three thousand five hundred fifty six only) 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

 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
Penality 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 68378	STD	05	No's		
2	Umbrella	Big	05	No's		
3	Safety Shoes 58379	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	

APPROVED BY
10 JUL 2020
SOHAM MODI
MANAGING DIRECTOR

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:	Urgent	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.