PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	14/8/20	Prepared by:	T. Bhase
PO/WO no.	69383	PO / WO Date.	4/8/20
Supplier Name	[illegible]	PO/WO amount	840
Firm/Company	SOV LLP	Project	SOV [illegible]
Sl. No.	Bill No.	Bill Date	Bill amount
1.	1571	10/8/20	840
2.			/
3.			/
Amount A – Bills total(Excluding Transport & Hamali Charges):			840

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.			81937	☑ 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:	840
Amount E – PO / WO value:	840
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	21/8/20

Remarks:_

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	[signature]						
Date	14/8/20						

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. : 1571

Date : 10/08/2020

State Code : 36

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

Details of Receiver (Billed to)	Details of Consignee (Shipped to)
Name : Silver Oak Villas LLP	Name :
Address : 5-4-187/3 & 4, 2ND Floor, M.G. Road, Sec-bad-03.	Address :
Ph. Cell :	Ph. Cell :
GSTIN/UIN : 36ADBFS3288A2Z7	GSTIN/UIN :
P.O. No. & Dt. 69383/155914 - 04/08/2020.	Vehicle No. :

Sl. No.	HSN (SAC) Code	Description of the Goods	Qty.	Rate	Amount Rs.	Taxable Value	CGST		SGST		IGST	
							Rate	Amount	Rate	Amount	Rate	Amount
1)	6201	Rain Coats -	2	400	800	800	2.5%	20	2.5%	20		
			TOTAL			800	+	20	+	20	=	840

INWARD WITH TIME:
Inward No. 14588 Dt: 10/8/20
MRN No: 81937 Dt: 10/8/20
Received By: Sign:
SILVER OAK VILLAS LLP

MODI PROPERTIES PVT. LTD. * SEC'BAD * INWARD No. 68247 Date 12/8 Sign.
Y. Sonam
8977633106

(Rupees : in words) Eight hundred & fourty only. only

E-way Bill No.

TOTAL INVOICE RS. — 840/-

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

 05-08-2020 2:18:44 PM

69383
31.07.20 12:25:05

From Company : **Silver Oak Villas LLP**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36ADBFS3288A2Z7

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**	69383	155914
	Doc Date	04-08-2020	
	Quote No	Nil	
	Quote Date	04-08-2020	
	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	2.00	400.00	0.00	5.00	840.00
					Total Order Value . . .	**840.00**

Rupees : Eight Hundred Fourty 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	Silver Oak Villas Phase - IX Sy. No. 291, Cherlapally, Hyderabad, next to Govt. of india mint Phone. Contact: Security 65908777, 9502288244 Sanjay
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 Vinela and Somesh purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Silver Oak Villas LLP***

Authorised Signatory

Name : 06/08/2020

Accepted the above Terms And Conditions

For ***Lepakshi Tarpaulin Industries***

Name : _____

Date : __/__/____

Requisition Form

Company Name:	Silver Oak Villas LLP	Date:	31-07-2020
Site & Phase :	SOV	Time:	16.40
Supplier		Req. No.	155914
Material required before date:	05-08-2020	ID No.	58906

No	Description	Size	Quantity	Units	Inward No	Date
1	Rain coats 69383		02	Nos		
2						
3						
4						
5						
6						
7						
8						
9						

Remarks: - For vinela and somesh purpose.

Prepared By	B.Meenakshi	Approved by	
Sign.& Date	31-07-2020	Sign. & Date	

APPROVED BY
01 AUG 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			
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.