

PURCHASE DIVISION
Advice for approval for credit to supplier

Date: <u>5/8/20</u>		Prepared by: <u>SOWMYA</u>	
PO/WO no. <u>68957</u>		PO / WO Date. <u>20/7/20.</u>	
Supplier Name <u>Industrial Equipment Centre</u>		PO/WO amount <u>9,204</u>	
Firm/Company <u>SSllp</u>		Project <u>SSllp</u>	
Sl. No.	Bill No.	Bill Date	Bill amount
1.	<u>BR/CR/618</u>	<u>3/8/20.</u>	<u>9,204</u>
2.			
3.			
4.			
Amount A – Bills total(Excluding Transport & Hamali Charges):			<u>9,204.</u>
Sl. No.	DC No	DC. Date	MRN No. DC matches MRN
1.			<u>81715</u> ☒ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
4.			☐ Yes ☐ No
Amount B –Other Credits :			<u>-</u>
Amount C –Other Debits :			<u>-</u>
Amount D (D=A+B-C) – Amount to be credited to the supplier:			<u>9,204</u>
Amount E – PO / WO value:			<u>9,204</u>
Amount F – Difference (A – E):			<u>-</u>
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. <u>9,204</u> ☐ No	
Payment – due date		<u>7.8.2020</u> <u>Adv chq</u>	
Remarks:			
Approved by	Purchase Officer	Purchase Manager	Procurement Manager
Sign:	<u>[Signature]</u>		
Date	<u>5/8/20</u>		

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/-

(ORIGINAL FOR RECIPIENT)



GSTIN/UIN : 36ACQFS2044C1Z7
State Name : Telangana, Code : 36

Terms of Delivery

Destination

Certified by:

Stores Manager

₹ 9,204.00

E. & O.E.

HSN/SAC

Tax Amount (in words) : **INR One Thousand Four Hundred Four Only**

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for INDUSTRIAL EQUIPMENT CENTRE

Authorised Signatory

This is a Computer Generated Invoice

Purchase Order

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23-07-2020 4:34:38 PM



68957

21.07.20 2.16:56

From Company : **Summit Sales LLP**
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details

Industrial Equipment Centre
5-5-65, G-14, S.A. Trade Centre,
Ranigunj, Sec.-3.

GSTIN - 27717323
66383951/27717323 9849794847

Doc No	68957	14717
Doc Date	20-07-2020	
Quote No	Nil	
Quote Date	11-07-2019	
SupplyType	Supply	

Kind Attn : Mr. Huzefa

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	IGST	Amount
1 9514 - Tools - Cube testing moulds - 6 In - nos	12.00	650.00	0.00	18.00	9,204.00
Total Order Value . . .					9,204.00

Rupees : Nine Thousand Two Hundred Four Only.

Terms and Conditions :-**Specification / Brand** All items shall be of 1st qty.**Payment Terms** 100% as advance**Tax** Inclusive of all taxes**Delivery Date** Next Day.

Delivery Location Summit Housing LLP
Cherlapally, Behind Kingston PG college, Hyderabad
Phone. 9618244433, Hamendra, 9502266233, Mahesh.

Penalty For Delay Nil**Transportation Cost** Transport cost shall be borne by us.**Warranty** Nil**Advance Paid** Rs. /- vide cheq.no..... dtd.....of HDFC bank**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for Stock maintain purpose.**Completion Date** Nil**Measurement** Nil**Security** Nil**Remarks**For **Summit Sales LLP**

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For **Industrial Equipment Centre**

Name : _____

Date : __/__/__

Requisition Form

Company Name:	SSLLP	Date:	15.7.2020
Site & Phase :	SHLLP	Time:	16.00
Supplier		Req. No.	14717
Material required before date:		ID No.	58584

No	Description	Size	Quantity	Units	Inward No	Date
1	SPADE WITH HANDLE 68956		40	NOS		
2	CUBE TESTING MOULDS 68957		12	NOS		
3	MALE HELMET 68958		50	NOS		
4	PENDRIVE		3	NOS		
5	SCRIBLING PADS 68959		60	NOS		
6	BOX FILE	BIG	50	NOS		
7	BOX FILE	SMALL	50	NOS		
8	BOMBAY BROOMS	BIG	20	NOS		
9	DETTOL HANDWASH		24	NOS		
10	BOMBAY BROOMS	SMALL	200	NOS		
11	WATER BOTTLES 68960		36	NOS		
12	BLEACHING POWDER		200	KGS		
13	BUBBLE CANS	20LTS	20	NOS		

Remarks: FOR STOCK MAINTENANCE AT SSLLP

Prepared By	SOWMYA	Approved by
Sign. & Date	15.07.2020	Sign. & Date

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

