PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	12/8/20.	Prepared by:	SOWMYA
PO/WO no.	69450.	PO / WO Date.	6/8/20.
Supplier Name	praful sanitary	PO/WO amount	23,700
Firm/Company	SSllp.	Project	Shllp
Sl. No.	Bill No.	Bill Date	Bill amount
1.	PS/20-21/283	8/8/20	23,700.
2.			
3.			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			23,700

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.	–	–	81939	☑ 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:	23,700
Amount E – PO / WO value:	23,700.
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:	Sowmya						
Date	12/8/20						

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/-

GST INVOICE *(ORIGINAL FOR RECIPIENT)*

Praful Sanitary 3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR HYDERABAD GSTIN/UIN: 36ACWPG4864A1ZG State Name : Telangana, Code : 36 E-Mail : prafulsanitary@gmail.com	Invoice No. **PS/20-21/ 283**	Dated **8-Aug-2020**
	Delivery Note **Invoice**	
	Supplier's Ref.	Other Reference(s) **Credit**
Buyer **Summit Sales LLP** 5-4-187/3&4, IInd Floor, M.G Road Secunderabad GSTIN/UIN : 36ACQFS2044C1Z7 State Name : Telangana, Code : 36	Buyer's Order No. **69450**	Dated **6-Aug-2020**
	Despatch Document No. **Invoice**	Delivery Note Date **8-Aug-2020**
	Despatched through **Self**	Destination **Cherlapally**

11/8/20

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**40mm Extension Nipple**	8481	18 %	**50 No:**	90.00	No:	25 %	**3,375.00**
2	**25mm Extension Nipple**	8481	18 %	**100 No:**	60.00	No:	25 %	**4,500.00**
3	**Waste Coupling Half Thread**	8481	18 %	**36 No:**	275.00	No:	35 %	**6,435.00**
4	**Waste Pipe**	3917	18 %	**60 No:**	25.00	No:	20 %	**1,200.00**
5	**15mm Brass Ball Cock Set**	8481	18 %	**15 No:**	338.90	No:	10 %	**4,575.15**
								20,085.15
	Output CGST							**1,807.66**
	Output SGST							**1,807.66**
	Less : ***ROUNDING OFF***							**(-)0.47**
	Total			**261 No:**				**₹ 23,700.00**

MODI PROPERTIES PVT. LTD. * SEC'BAD * INWARD No. 68232 Date 12/8

E. & O.E

Amount Chargeable (in words)

Indian Rupees Twenty Three Thousand Seven Hundred Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
8481	18,885.15	9%	1,699.66	9%	1,699.66	3,399.32
3917	1,200.00	9%	108.00	9%	108.00	216.00
Total	**20,085.15**		**1,807.66**		**1,807.66**	**3,615.32**

Tax Amount (in words) : **Indian Rupees Three Thousand Six Hundred Fifteen and Thirty Two paise Only**

PRAFUL SANITARY HIMAYAT NAGAR HYD-29

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

INWARD	
Inward No: 14702	Dt: 10/8/20
MRN No: 81939	Dt: 10/8/20
Received By:	Sign:
SUMMIT SALES LLP	

Certified by:

Stores Manager

Purchase Order

 06-08-2020 3:22:39 PM

69450
06.08.20 2:48:33

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

Supplier Details			
Praful Sanitary	**Doc No**	69450	14774
3-6-138/5, Himayat Nagar, Hyderabad.	**Doc Date**	06-08-2020	
	Quote No	Nil	
GSTIN 36ACWPG864A1ZG 40077300	**Quote Date**	08-07-2020	
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	7028 - Plumbing - CP - Extension Nipple - other - nos *1 1/2"*	50.00	90.00	25.00	18.00	3,982.50
2	7026 - Plumbing - CP - Extension Nipple - 1/2 In - nos *1"*	100.00	60.00	25.00	18.00	5,310.00
3	7047 - Plumbing - CP - Waste coupling - 1/2 thread - nos	36.00	275.00	35.00	18.00	7,593.30
4	7284 - Plumbing - PVC - Waste Pipe - other - nos	60.00	25.00	20.00	18.00	1,416.00
5	7049 - Plumbing - GI - Ball Cock - 1/2 In - nos	15.00	305.00	0.00	18.00	5,398.50
					Total Order Value . . .	**23,700.30**

Rupees : Twenty Three Thousand Seven Hundred and Paise Thirty Only.

Terms and Conditions :-

Specification / Brand	As per details given in the quotation.
Payment Terms	Within 30 days of delivery.
Tax	All taxes included in above price.
Delivery Date	Within 3 days
Delivery Location	Summit Housing LLP Cherlapally,Behind Kingston PG college, Hyderabad Phone. 9618244433, Hamendra,9502266233, Mahesh.
Penality For Delay	Nil
Transportation Cost	Included by us !
Warranty	7 years warranty
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for Stock purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Summit Sales LLP***

Authorised Signatory

07/08/2020

Name : ______

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : ______

Date : __/__/____

Requisition Form

Company Name:	SSLLP	Date:	03.08.2020
Site & Phase :	SHLLP	Time:	16.40
Supplier		Req. No.	14774
Material required before date:		ID No.	58937

No	Description	Size	Quantity	Units	Inward No	Date
1	WALL MIXER		18	NOS		
2	LONG BODY		15	NOS		
3	SHOWER ARM 69449		20	NOS		
4	SHOWER HEAD		20	NOS		
5	PILLAR COCK		34	NOS		
6	ANGLE COCK		70	NOS		
7	CP EXTN NIPPLE	1/2 X1	100	NOS		
8	WASH BASIN WASTE COUPLING		36	NOS		
9	GI BALL COCK	1/2	15	NOS		
10	HEALTH FAUCET 69450		20	NOS		
11	EXTENSION NIPPLE	1 1/2	50	NOS		
12	WASTE PIPE		60	NOS		

Remarks: For Stock maintanance and site

Prepared By	HEMENDRA	Approved by	APPROVED BY 03 AUG 2020 SOHAM MODI MANAGING DIRECTOR
Sign.& Date	03.08.2020	Sign. & Date	

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