

**PURCHASE DIVISION**  
Advice for approval for credit to supplier

|                                                               |                  |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
|---------------------------------------------------------------|------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|------------|------------------|
| Date:                                                         |                  | 21/8/20             |                                                                                                                                                                           | Prepared by:                                                        |                             | SOWMYA     |                  |
| PO/WO no.                                                     |                  | 69423               |                                                                                                                                                                           | PO / WO Date.                                                       |                             | 15/8/20    |                  |
| Supplier Name                                                 |                  | Praful Sanitary     |                                                                                                                                                                           | PO/WO amount                                                        |                             | 8,054      |                  |
| Firm/Company                                                  |                  | Aedis Envelopes llp |                                                                                                                                                                           | Project                                                             |                             | MGA        |                  |
| Sl. No.                                                       | Bill No.         | Bill Date           |                                                                                                                                                                           | Bill amount                                                         |                             |            |                  |
| 1.                                                            | 279              | 8/8/20              |                                                                                                                                                                           | 8,054                                                               |                             |            |                  |
| 2.                                                            |                  |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
| 3.                                                            |                  |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
| 4.                                                            |                  |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                     |                                                                                                                                                                           |                                                                     |                             | 8,054      |                  |
| Sl. No.                                                       | DC No            | DC. Date            | MRN No.                                                                                                                                                                   | DC matches MRN                                                      |                             |            |                  |
| 1.                                                            |                  |                     | 81971                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                             |            |                  |
| 2.                                                            |                  |                     |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                             |            |                  |
| 3.                                                            |                  |                     |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                             |            |                  |
| 4.                                                            |                  |                     |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                             |            |                  |
| Amount B –Other Credits :                                     |                  |                     |                                                                                                                                                                           |                                                                     |                             | -          |                  |
| Amount C –Other Debits :                                      |                  |                     |                                                                                                                                                                           |                                                                     |                             | -          |                  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:   |                  |                     |                                                                                                                                                                           |                                                                     |                             | 8,054      |                  |
| Amount E – PO / WO value:                                     |                  |                     |                                                                                                                                                                           |                                                                     |                             | 8,054      |                  |
| Amount F – Difference (A – E):                                |                  |                     |                                                                                                                                                                           |                                                                     |                             | -          |                  |
| Quantity received as per PO /WO                               |                  |                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below) |                                                                     |                             |            |                  |
| Is difference between PO / Bill acceptable?                   |                  |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                                |                                                                     |                             |            |                  |
| Excess / short material received                              |                  |                     | <input type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                                                |                                                                     |                             |            |                  |
| Close PO / W?O                                                |                  |                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)                             |                                                                     |                             |            |                  |
| Advance paid / PDC given (deduct when paying)                 |                  |                     | <input type="checkbox"/> Yes – Rs. _____/- <input type="checkbox"/> No                                                                                                    |                                                                     |                             |            |                  |
| Payment – due date                                            |                  |                     | 29.8.2020                                                                                                                                                                 |                                                                     |                             |            |                  |
| Remarks:                                                      |                  |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
|                                                               |                  |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Approved by                                                   | Purchase Officer | Purchase Manager    | Procurement Manager                                                                                                                                                       | MD                                                                  | Accounts – receiver of bill | Accountant | Accounts Manager |
| Sign:                                                         | <i>Sowmya</i>    |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |
| Date                                                          | 21/8/20          |                     |                                                                                                                                                                           |                                                                     |                             |            |                  |

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/-

(ORIGINAL FOR RECIPIENT)

|                                         |                                         |
|-----------------------------------------|-----------------------------------------|
| Invoice No.<br><b>PS/20-21/ 279</b>     | Dated<br><b>8-Aug-2020</b>              |
| Delivery Note<br><b>Invoice</b>         |                                         |
| Supplier's Ref.                         | Other Reference(s)<br><b>Credit</b>     |
| Buyer's Order No.<br><b>69423</b>       | Dated<br><b>5-Aug-2020</b>              |
| Despatch Document No.<br><b>Invoice</b> | Delivery Note Date<br><b>8-Aug-2020</b> |
| Despatched through<br><b>Self</b>       | Destination<br><b>Genome Valley</b>     |

E. &amp; O.E

HSN/SAC

| HSN/SAC      | Taxable Value   | Central Tax |               | State Tax |               | Total Tax Amount |
|--------------|-----------------|-------------|---------------|-----------|---------------|------------------|
|              |                 | Rate        | Amount        | Rate      | Amount        |                  |
| 7013         | 1,950.00        | 9%          | 175.50        | 9%        | 175.50        | 351.00           |
| 8302         | 4,875.00        | 9%          | 438.75        | 9%        | 438.75        | 877.50           |
| <b>Total</b> | <b>6,825.00</b> |             | <b>614.25</b> |           | <b>614.25</b> | <b>1,228.50</b>  |

for Praful Sanitary

Authorised Signatory

This is a Computer Generated Invoice

# Purchase Order

Page(s) 1 Of 1

05-08-2020 4:09:04 PM



69423

06.08.20 2:48:33

From Company : **Aedis Developers LLP**  
5-4-187/3&4, II Floor, M G Road, Secunderabad-500003  
G S T No. : 36ABPFA0002Q1ZD

**Supplier Details**

Praful Sanitary  
3-6-138/5, Himayat Nagar, Hyderabad.

|            |            |        |
|------------|------------|--------|
| Doc No     | 69423      | 100219 |
| Doc Date   | 05-08-2020 |        |
| Quote No   | Nil        |        |
| Quote Date | 26-06-2020 |        |
| SupplyType | Supply     |        |

**GSTIN** 36ACWPG864A1ZG 40077300  
65526886. 9849624797

**Kind Attn : Mr. Ashish Gupta**

Purchase Order for the Supply of following Items.

| Item Name                                                                     | Qty  | Rate     | Dis%  | GST   | Amount          |
|-------------------------------------------------------------------------------|------|----------|-------|-------|-----------------|
| 1 7383 - Plumbing - CP - Towel Rack - NA - Nos<br>Code : 404 Elvis brand      | 2.00 | 1,300.00 | 25.00 | 18.00 | 2,301.00        |
| 2 7299 - Plumbing - sanitary - Fittings - NA - nos<br>Code : 8175 Elvis brand | 2.00 | 3,250.00 | 25.00 | 18.00 | 5,752.50        |
| <b>Total Order Value . . .</b>                                                |      |          |       |       | <b>8,053.50</b> |

Rupees : Eight Thousand Fifty Three and Paise Fifty Only.

**Terms and Conditions :-**

|                       |                                                                                                                       |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------|
| Specification / Brand | As per details given in the quotation.                                                                                |
| Payment Terms         | After Delivery & Production of bill                                                                                   |
| Tax                   | Inclusive of all taxes                                                                                                |
| Delivery Date         | Next Day.                                                                                                             |
| Delivery Location     | Morning Glory Apartments<br>Genomevalley, Hyderabad<br>Phone. 040-66335551                                            |
| Penalty For Delay     | Nil                                                                                                                   |
| Transportation Cost   | Extra.                                                                                                                |
| Warranty              | Nil                                                                                                                   |
| Advance Paid          | Nil                                                                                                                   |
| Other Terms           | We reserve the right to reject items not conforming to quality and specifications. Above order for Model flat purpose |
| Completion Date       | Nil                                                                                                                   |
| Measurment            | Nil                                                                                                                   |
| Security              | Nil                                                                                                                   |
| Remarks               |                                                                                                                       |

For **Aedis Developers LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

### Requisition Form

| Company Name:                  |                      | Aedis Developers LLP |          | Date:        |           | 04.08.2020 |  |
|--------------------------------|----------------------|----------------------|----------|--------------|-----------|------------|--|
| Site & Phase :                 |                      | MGA                  |          | Time:        |           | 16:50PM    |  |
| Supplier                       |                      |                      |          | Req. No.     |           | 100219     |  |
| Material required before date: |                      | 06.08.2020           |          | ID No.       |           | 58961      |  |
| No                             | Description          | Size                 | Quantity | Units        | Inward No | Date       |  |
| 1                              | Corner glass shelves |                      | 02       | No's         |           |            |  |
| 2                              | Towel Roads          |                      | 02       | No's         |           |            |  |
| 3                              |                      |                      |          |              |           |            |  |
| 4                              |                      |                      |          |              |           |            |  |
| 5                              |                      |                      |          |              |           |            |  |
| 6                              |                      |                      |          |              |           |            |  |
| 7                              |                      |                      |          |              |           |            |  |
| 8                              |                      |                      |          |              |           |            |  |
| 9                              |                      |                      |          |              |           |            |  |
| 10                             |                      |                      |          |              |           |            |  |
| Remarks: For model flat        |                      |                      |          |              |           |            |  |
| Prepared By                    |                      | Priyanka             |          | Approved by  |           | Raj Nikhil |  |
| Sign.& Date                    |                      | 04.08.2020           |          | Sign. & Date |           | 04.08.2020 |  |

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