PURCHASE DIVISION Advice for approval for credit to supplier

Date:	21/8	f20.	Prepare	d by:		SOWMYA	190		
PO/WO no.		496.	PO / Wo	O Date.		10/8/20			
Supplier Name	a 1	munication	PO/WO	amount		10,030			
Firm/Company	Ss		Project			Shlya			
Sl. No.	Bill No.	-1	Bill Dat	e		Bill amount			
1.	39			12/8/2	0	8500			
2.		8		1 1-1-		ļ			
3.									
4									
Amount A – Bills tot	tal(Excluding Transp	port & Hamali Cha	arges):			8600			
Sl. No. DC No		DC. Date		MRN No.		DC matches MRN			
170 -		/	12	820.	72	□ Yes □ No			
2.)					□ Yes □ No			
3 Congrains						□ Yes □ No			
4.						□ Yes □ No			
Amount B -Other Cr	redits:								
Amount C -Other De	ebits:					6	i- je		
Amound (D=A+B-	C) – Amount to be	credited to the sup	plier:			8,500	8		
Amount E – PO / Wo	O value:					10,036			
Amount F – Differen	nce (A – E):					1530	1		
Quantity received as	per PO /WO		Yes 🗆 Ex	cess received	l □ Short re	ceived Other (expl	ained below)		
Is difference between	n PO / Bill acceptab	le?	■-Yes □ No (explained below)						
Excess / short materi	al received		☐ Approved — within acceptable limits ☐ No (explained below)						
Close PO / W?O									
Advance paid / PDC	given (deduct when	paying)	□ Yes – Rs.	(- D) NO	5		111		
Payment - due date			24.8.2020						
Remarks:	malla C.	'm Comp	organ .	Arken	4 . N	o 455.			
	pp (102 1)	A Corre	0 (30)	, , ,	V /	0 000			
1 4264		hase Procure lager Mana		M D	Accounts receiver of		Accounts Manager		
Sign:		U .	i g 2020		bill				
Date	218/20 .26 8	20	349 H						

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/-

DATTHU COMMUNICATION

Advt. For Print, Electronics, Outdoor

Plot No. 47, Near Church Colony, Cherlapally, hyd. Ph: 9390991131

No: 039

Date : 12 Aug 2020

M/S: SUMMIT SALES LLP. MG Road Secunderabad-500003. Gst no: 36ACQFS2044C1Z7

141/3	T		*************	••••••
S.No	PARTICULAR	SIZE	QTY	AMOUNT
01)	KBK Hand Sanitizer (50x170)	500 ml	50 no	8500/-
×		,		5 pt
	68ugo			
	17 D = - ' ' E	Certified by:	Gross Amount	
	SUMMIT SALES LLP		Net Amount	8500/-

Rupees (Eight Thousand Five Hundred Rupees

.....Only

Cheque to be Made in Favour Of "DATTHU COMMUNICATION"

Vijaya bankCurrent account - 415700301000214

IFSC code- vijb0004157

For Datthu Communication

For Datthu Communication,

Proprietor

Authorised Sign.

Purchase Order

Page(s) 1 Of 1

10-Aug-20 3:16:35 PM



From Company: Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

06.08.20 2:48:34

Supplier Details			
Datthu Communication	Doc No	69496	14785
Plot no.47, Sy no.91&102, Chinna Cherlapally, Medchal-Malkajgiri.	Doc Date	10-08-2020	
	Quote No	Nil	
GSTIN 36AIAPT3956C1Z9	Quote Date	10-08-202	20
9912495155 9912495155	SupplyType	Supply	

Kind Attn: Praveen

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 4112 - Consumables - Sanitizer - 500 ml - Nos	50.00	170.00	0.00	18.00	10,030.00
		Total O	der Value	e	10,030.00

Terms and Conditions :-

Specification / Brand

KBK, Hand sanitizer, pump model.

Payment Terms

100% Advance payment

Tax

Included in the above prices

Delivery Date

With in 3 days

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra, 9502266233, Mahesh.

Penality For Delay

Transportation Cost Nil

Warranty

Nil

Nil

Advance Paid

By cheque....., Rs. 10,030-00

Other Terms

We reserve the rights to reject the items if not as specified, above order is for Stock replanish purpose.

Completion Date

Nil

Measurment Security Nil Nil

Remarks

Nil

For Summit Sales LLP

Authorised Signatory

Name :

Accepted the above Terms And Conditions
For **Datthu Communication**

Name : ______ Date : __/__/

Page(s) 1 Of 1

10-Aug-20 1:57:44 PM

Original / Office Copy / Purchase Div.Copy

Summit Sales LLP From Company:

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Doc No	69496	14785
Doc Date	10-08-2020	
Quote No	Nil	
Quote Date	10-08-202	20
SupplyType	Supply	
	Doc Date Quote No Quote Date	Doc Date 10-08-202 Quote No Nil Quote Date 10-08-202

Kind Attn: Praveen

Estimate/Draft PO for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 4112 - Consumables - Sanitizer - 500 ml - Nos	50.00	170.00	0.00	18.00	10,030.00
		Total O	der Valu	e	10,030.00

Terms and Conditions :-

Specification / Brand

KBK, Hand sanitizer, pump model.

Payment Terms

100% Advance payment

Tax

Included in the above prices

Delivery Date

With in 3 days

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra, 9502266233, Mahesh.

Rs. 10,030-00

Penality For Delay

Nil

Transportation Cost

Warranty

Nil

Advance Paid

We reserve the rights to reject the items if not as specified, above order is for Stock replanish purpose.

Other Terms **Completion Date**

Nil

Measurment

Nil

Security Remarks Nil Nil

For Summit Sales LLP

Authorised Signatory

For Datthu Communication

Accepted the above Terms And Co	onditions

Date : __/__/__

APPROVED BY

Name :		

Requisition Form

		Requis	ition Form					
Company Name:	SSLLP		Date:			08.08.2020		
Site & Phase:	SHLLP		Time:			114.30		
Supplier			Req. No.			14785		
Material required befo	aterial required before date:		ID No.			59039		
No	Description	Siz	e Quan	tity	Units	Inward No	Date	
1 SANITIZER			48		NOS			
2			-					
3	do							
4								
5	(0)							
6								
7								
8								
10							1	
Remarks: For stock n	naintenance purpose					V	34/	
Prepared By	SOWMYA		Approved by			OPROVE	1 00	
Sign.& Date	08.08.2020		Sign. & Date		1	A116 21	150	
Note: On receipt of n	naterial at site write inward	I number and date	in last 2 columns			APPROVED P	RECTOR	
						MANAGING		

(30 × 0x)