PURCHASE DIVISION Advice for approval for credit to supplier

Date:		1 - 1			Desman	ad 1			MATIOTA		
		280	8 2020			Prepared by:			MINISH		
PO/WO no		196				PO / WO Date			13/08/2	2020	
Supplier N	ame	Praf	ul bacir	Jary.	PO/WO amount			611/-	_		
Firm/Com	pany	VIST	A HOM		Project	name	;		NUTER HOMES		
Sl. No.		Bill No			Bill Da	ite			Bill amount		
1.		30	4		19/	08/	2020		611/		
2.									,		
3.											
4.											
5											
Amount A	- Bills total(Exclude	ling Trans	sport & Hamali (Charges):					611/	_	
Sl. No.	DC No.	(40)	DC. Date		MRN	No.			DC matches	MRN	
1.	304		19/08/2	2020					□ Yes □ N	lo	
2.				***************************************					□ Yes □ N	О	
3.									□ Yes □ N	o	
4.		3		-	□ Yes □ No			ío			
Amount B	- Other Credits :										
Amount C	-Other Debits:			4)							
Amount D	(D=A+B-C) - Amo	ount to be	credited to the s	upplier:					611/-		
Amount E	-PO / WO value:				Himmon		and the second s		611/		
Amount F	– Difference (A - E):							-		
Quantity re	eceived as per PO /\	VO		₽Yes □ I	Excess rec	eived	□ Short rece	eived	□ Other (expl	ained below)	
Is difference	e between PO / Bil	l acceptab	le?	Yes 🗆 1	No (explai	ined b	elow)				
Excess / sh	ort material receive	d		Approv	ed – with	in acc	eptable limit	ts 🗆 N	lo (explained	below)	
Close PO /	WO			Yes 🗆 1	No – wait	for ba	alance materi	ial 🗆 Ì	No (explained	below)	
Advance p	aid / PDC given (de	duct when	n paying)	□ Yes n No							
Payment -	31/08/2020.										
Remarks:		12,00,000									
				\	1						
Approved	i by Purchase C	officer P	Purchase Manage		ement D		ccounts –	A	ccountant	Accounts Manager	
Sign:				Manag	JG 2020	rece	SIVEL OF BILL			1120,000	
Date			-			ы					
Duit				MINISH	FATIN	1		1		ic chille	

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 upto 25,000/- and Purchase Director thereafter. 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/-

Dated

Invoice No.

Pr	atul Sanitary		Invoi	ce No.		Date	ed	
3-6	6-429/6,SRI SAI TOWER,			0-21/304		19-	Aug-202	20
	No.4 HIMAYAT NAGAR 'DERABAD		100	ery Note				
38	STIN/UIN: 36ACWPG4864A1ZG		Invo	ice lier's Ref.		Oth	er Refere	nce(s)
Sta	ate Name : Telangana, Code : 36		Supp	niei s Rei.		Cre		silce(s)
	Mail : prafulsanitary@gmail.com yer		Buve	r's Order No	0	Date		
	sta Homes		6960			1000000	Aug-202	20
	4-187/3 & 4, IInd Floor, M.G.Road			atch Docur	nent No.		very Note	
Se	cunderabad		Invo	ice		19-	Aug-202	20
	STIN/UIN : 36AAGFV2068P1ZJ		Desp	atched thro	ough		tination	
Sta	ate Name : Telangana, Code : 36		Goo	ds Vehicle	е	Kus	shaigud	la
SI	Description of Goods	HSN/SA	C GST Rate	Quantity	Rate	per	Disc. %	Amount
10.	15x75mm G I Nipple	7307	18 %	50 No:	12.95	No:	20 %	518.00
	Output CGST Output SGST Less: ROUNDING OFF	1						46.62 46.62 (-)0.24
	27.1/8							
	Total	ı		50 No:				₹ 611.00 E. & O.E
	nount Chargeable (in words)							E. & O.E
In	dian Rupees Six Hundred Eleven Only		axable	Central	Tay	Sta	ate Tax	Total
	HSN/SAC		Value		mount F	Rate	Amour	nt Tax Amount
7:	307		518.00	9%	46.62	9%		.62 93.24 .62 93.24
		Total	518.00		46.62		40.	.62 33.24
Ta	ax Amount (in words): Indian Rupees Ninety Three and Twent	y Four p	aise Or	ily			S using	SAAV,
							1 × 1	2011
-	ompany's PAN : ACWPG4864A						1/09	or Praful Sanitary
n	oclaration							The state of the s
10	We declare that this invoice shows the actual price of the goods escribed and that all particulars are true and correct.	DARAD III	DISDICTION	1			А	uthorised Signatory
00.00	SUBJECT TO HYDER			4				
	This is a Computer	r Generated	Invoice					

INWARD Inward No 25085 Dt: 19 Dt: Sign: Received By-Visus Homes

Purchase Order

Page(s) 1 Of 1

13-08-2020 1:47:03 PM

From Company: Vista Homes

5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003

G S T No.: 36AAGFV2068P1ZJ



11.08.20 11:32:21

Supplier Details				
Praful Sanitary	Doc No	69600	99772	
3-6-138/5, Himayat Nagar, Hyderaba	Doc Date	13-08-2020 Nil		
	Quote No			
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	13-08-2020	
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 7069 - Plumbing - GI - Nipple - other - nos 1/2" x 3"	50.00	12.95	20.00	18.00	611.24
		Total Or	der Value	e	611.24

· Terms and Conditions :-

Specification / Brand

As per details given in the quotation.

Payment Terms

After delivery of Material

Tax

Inclusive of all taxes.

Delivery Date

Next Day.

Delivery Location

Vista Homes

Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school

Phone. Contact: 8790166611

Penality For Delay

Nil

Transportation Cost

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications, breakage is in suppliers account, Above order for curring line extension of F block loft tanks fixing purpose.

Completion Date

Nil

Measurment Security

Nil

Remarks

For Vista Homes

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : ______ Date : ______

Requisition Form

-Company Name: Site & Phase :		Vista Homes Vista Homes		Date:			12.08.2020			
				Time:			10.00			
Supp	lier				Req. N	o.		99772		
	rial required before date:		14.08.2020		ID No.			59109		
No	Descr	ription	ł	Si	ze	Quantity	Units	Inward No	Date	
1	GI Nipple			1/2'	1/2"x3" 50		Nos	Nos		
2										
3									-	
4						1	NVED			
5						AKPI	2			
6				-		124	IG 2020			
7						MINISH	PARIK	H		
8				-		MANAGER	ROCUREM	ENI		
9				-					-	
10		. T. 1. T.	D.							
Rem	arks:For F Block Flats Loft	t Tanks Fixi	ing Purpose					1		
Prep	pared By	Khadar	t ^o		Approved by			-		
Sign	.& Date	12.08.20	20	Sign. & Date						

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

Requisition Form

Company Name: Site & Phase : Supplier Material required before date:		Dat	te:		and the contract of the second	and the second product of the second second	
		Tin	ne:				
		Red	ą. No.				
		ID	No.				
To Description		Size	Quantity	Units	Inward No	Date	
1							
2							
3							
4							
5							
6						-	
7					-		
8							
9							
10							
Remarks:							
Prepared By			proved by				
Sign.& Date		Si	Sign. & Date				

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