

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                               |  |                       |  |                                                                                                                                                                |  |                                                          |  |
|---------------------------------------------------------------|--|-----------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| Date:                                                         |  | 01/09/2020            |  | Prepared by:                                                                                                                                                   |  | MINISH                                                   |  |
| PO/WO no.                                                     |  | 69834                 |  | PO / WO Date                                                                                                                                                   |  | 20/08/2020                                               |  |
| Supplier Name                                                 |  | Sai Adhitya Computers |  | PO/WO amount                                                                                                                                                   |  | 590/-                                                    |  |
| Firm/Company                                                  |  | Nilgiri Estates       |  | Project name                                                                                                                                                   |  | -110                                                     |  |
| Sl. No.                                                       |  | Bill No               |  | Bill Date                                                                                                                                                      |  | Bill amount                                              |  |
| 1.                                                            |  | 346                   |  | 20/08/2020                                                                                                                                                     |  | 590/-                                                    |  |
| 2.                                                            |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| 3.                                                            |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| 4.                                                            |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| 5.                                                            |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| Sl. No.                                                       |  | DC No.                |  | DC. Date                                                                                                                                                       |  | MRN No.                                                  |  |
| 1.                                                            |  |                       |  |                                                                                                                                                                |  | 590/-                                                    |  |
| 2.                                                            |  |                       |  |                                                                                                                                                                |  | DC matches MRN                                           |  |
| 3.                                                            |  |                       |  |                                                                                                                                                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 4.                                                            |  |                       |  |                                                                                                                                                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 5.                                                            |  |                       |  |                                                                                                                                                                |  | <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:   |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| Amount E – PO / WO value:                                     |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| Amount F – Difference (A - E):                                |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| Quantity received as per PO / WO                              |  |                       |  | <input 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 checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                          |  |                                                          |  |
| Close PO / WO                                                 |  |                       |  | <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 <input checked="" type="checkbox"/> No                                                                                            |  |                                                          |  |
| Payment – due date                                            |  |                       |  | 07/09/2020                                                                                                                                                     |  |                                                          |  |
| Remarks:                                                      |  |                       |  |                                                                                                                                                                |  |                                                          |  |
|                                                               |  |                       |  |                                                                                                                                                                |  |                                                          |  |
|                                                               |  |                       |  |                                                                                                                                                                |  |                                                          |  |
| Approved by                                                   |  | Purchase Officer      |  | Purchase Manager                                                                                                                                               |  | Procurement Manager                                      |  |
| Sign:                                                         |  |                       |  |                                                                                                                                                                |  | Accounts – receiver of bill                              |  |
| Date                                                          |  |                       |  |                                                                                                                                                                |  | Accountant                                               |  |
|                                                               |  |                       |  |                                                                                                                                                                |  | Accounts Manager                                         |  |

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/-

Laser Toners

**TAX INVOICE**

Mob : 9908273448

• Ink Jets

☎ : 9652512695

• Ribbons

**Sai Adhitya Computers**

• Xerox Cartridges

*One Stop Refilling Solutions...***A Complete Refilling of Laser Toners and Inkjet Cartridges**

#106, 1st Floor, Kubera Towers, Narayanaguda, Hyderabad - 20

email : saiadhityacomputers@gmail.com.

69834

**GST : 36BTZPA2173D1ZN**Invoice No. **346**

Invoice Date : 20/8/2020

PO.No.

Date :

State : Telangana

State Code **36**D.C.No. **1198**Mrs. **ANILKIRI ESTATES**

Place of Service:

Address:

GST IN **36AAHFND766F17A** State Code : **36**

| S.No. | DESCRIPTION     | HSN Code | QTY | RATE | AMOUNT |     |
|-------|-----------------|----------|-----|------|--------|-----|
|       |                 |          |     |      | Rs.    | Ps. |
| 1     | Hp 12A Redwing  | 8443     | 01  | 200  | 200    | !   |
| 2     | Hp 12A New Drum |          | 01  | 300  | 300    | :   |

| INWARD                          |                          |
|---------------------------------|--------------------------|
| Inward No: 395                  | Dt: 21/8/20              |
| MRN No: 82457                   | Dt: 01/08/20             |
| Received By: <i>[Signature]</i> | Sign: <i>[Signature]</i> |
| MODI PROPERTIES                 |                          |

TOTAL AMOUNT BEFORE TAX :

500 : ~

**Bank Details:**

Bank Name : Mahesh Bank  
 Bank Account Number : 012001200008889  
 Bank Branch IFSC Code : APMC0000012

ADD : CGST : 9%

ADD SGST : 9%

ADD IGST : 18%

TOTAL AMOUNT AFTER TAX:

45 : ~  
 45 : ~  
 590 : ~

Rupees in Words: **Five Hundred Ninety Nine Rupees Only****Terms and Conditions :**

- E & O.E.  
 1. Goods once sold will not be taken back  
 2. Interest @24% p.a. be charged if the payment is not made with in the stipulated time.  
 3. Subject to "Telangana" Jurisdiction only.



Certified that the particulars given above are true and correct  
 For **Sai Adhitya Computers**

*[Signature]*  
 Authorised Signatory

# Purchase Order

Page(s) 1 Of 1

26-08-2020 12:24:13



69834

26.08.20 1:23:34

From Company : **Nilgiri Estates**

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

G S T No. : 36AAHFN0766F1ZA

**Supplier Details**

Sai Adhitya Computers

106,1st Floor Kubera Towes,Narayanaguda, Hyd-20

**GSTIN** 36BTZPA2173DIZN

9908273448

9652512695

**Doc No**

69834

16434

**Doc Date**

20-08-2020

**Quote No**

Nil

**Quote Date**

20-08-2020

**SupplyType**

Supply

**Kind Attn : Adhitya**

Purchase Order for the Supply of following Items.

| Item Name                                                            | Qty  | Rate   | Dis% | GST   | Amount        |
|----------------------------------------------------------------------|------|--------|------|-------|---------------|
| 1 3523 - Computers and Peripherals - Toner refill - NA - nos<br>88A  | 1.00 | 200.00 | 0.00 | 18.00 | 236.00        |
| 2 3522 - Computers and Peripherals - Toner drum - NA -<br>nos<br>88A | 1.00 | 300.00 | 0.00 | 18.00 | 354.00        |
| <b>Total Order Value . . .</b>                                       |      |        |      |       | <b>590.00</b> |

Rupees : Five Hundred Ninty Only.

**Terms and Conditions :-****Specification /** As per details given in the quotation**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Same Day**Delivery Location** Head Office

5-4-187/3 &amp; 4, II nd Floor, M.G.Road, Secunderabad - 500003

Phone. 040-66335551

**Penalty For Delay** Nil**Transportation** Included in the above price.**Warranty** Nil**Advance Paid** Nil**Other Terms** We reserve the right items not conforming to quality and specifications. Above order for Bhavani printer**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Nilgiri Estates**

Authorised Signatory

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

Contact : \_\_\_\_\_

Accepted the above Terms And Conditions

For **Sai Adhitya Computers**

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

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

### Requisition Form

|                                |  |                 |  |          |        |            |       |
|--------------------------------|--|-----------------|--|----------|--------|------------|-------|
| Company Name:                  |  | Nilgiri Estates |  | Date:    |        | 20-08-2020 |       |
| Site & Phase :                 |  | Head Office     |  | Time:    |        |            |       |
| Supplier                       |  |                 |  | Req. No. |        | 16434      |       |
| Material required before date: |  |                 |  |          | ID No. |            | 59356 |

  

| No | Description         | Size | Quantity | Units | Inward No | Date |
|----|---------------------|------|----------|-------|-----------|------|
| 1  | 12A Toner refilling |      | 1        | No    |           |      |
| 2  | 12A drum            |      | 1        | No    |           |      |
| 3  |                     |      |          |       |           |      |
| 4  |                     |      |          |       |           |      |
| 5  |                     |      |          |       |           |      |
| 6  |                     |      |          |       |           |      |
| 7  |                     |      |          |       |           |      |
| 8  |                     |      |          |       |           |      |
| 9  |                     |      |          |       |           |      |
| 10 |                     |      |          |       |           |      |

69834

|                                      |            |              |  |
|--------------------------------------|------------|--------------|--|
| Remarks: This is for Bhavani printer |            |              |  |
| Prepared By                          | Suneel     | Approved by  |  |
| Sign. & Date                         | 20-08-2020 | Sign. & Date |  |

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