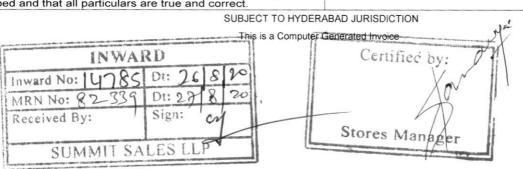
PURCHASE DIVISION Advice for approval for credit to supplier

			A					T		
Date: 31 8 20.			ared by:		SOWMYA					
PO/WO no			6944	8		WO Date.		G	800	
Supplier N	ame	Prat	ul savit	ary	PO/V	VO amount			15,576	13201
Firm/Comp	oany	1 1	of sanit		Proje	ect			shup	
Sl. No.		Bill No.	7		Bill I	Date		Bill	amount /	
1.		E	05/20-	1/314	-	25/8	P20		13,201	
2.				1			,		,	
3.										
4										
Amount A	– Bills to	tal(Excludin	ng Transport &	Hamali Cl	harges):				13,201	
Sl. No.	DC No		DC.	Date		MRN No	Э.	DC 1	matches MRN	
1.	-					8	2339	/b Ye	es 🗆 No	
2.							(co. 1)	□ Ye	es 🗆 No	
3.		-1						□ Ye	es 🗆 No	
4.								□ Ye	es 🗆 No	
Amount B	-Other C	redits:							_	
Amount C	-Other D	ebits :_							_	
Amount D	(D=A+B-	-C) – Amou	nt to be credite	d to the su	pplier:			1	3,20/	
Amount E	- PO / W	O value:						1		13201
Amount F	– Differer	nce (A – E):								,
Quantity re	eceived as	per PO /W	0		/	Excess receiv	red Short re	eceive	d □ Other (expla	ained below)
Is difference	ce betwee	n PO / Bill a	acceptable?		Yes 🗆	No (explained	d below)		5	
Excess / sh	ort mater	al received			Approv	ved – within a	acceptable lin	mits 🗆	No (explained l	pelow)
Close PO /	W?O				Yes 🗆	No – wait for	balance mat	erial =	No (explained	below)
Advance p	aid / PDC	given (ded	uct when payin	g)	□ Yes -1	Rs. /- 🖊	No			
Payment -	due date				5.9.2020					
Remarks:		1					ge:			
				\ \ \						
Approve		urchase	Purchase	Procur	\	MD	Accounts		Accountant	Accounts
by		Officer	Manager	Man	ager		receiver bill	of		Manager
Sign:	ds	aways.	135	023	V. 10 ZIILd					
Date		31/8/20	2/8							

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 IN	IVOICE			(OF	RIGIN	VAL FO	R RECIPIENT)
D.	rate nitary		Invoi	ce No.		Dat	ed	
	6-42 ,SRI SAI TOWER,			20-21/ 314			Aug-20	120
	.No HIMAYAT NAGAR			ery Note	_	23-	Aug-20	720
	YDERABAD		Invo					
	STIN/UIN: 36ACWPG4864A1ZG ate Name: Telangana, Code : 36			lier's Ref.		Oth	er Refe	rence(s)
	Mail : prafulsanitary@gmail.com						dit	01100(0)
	iyer		Buve	r's Order N	0.	Dat		
Si	ummit Sales LLP		6944		.	100000000000000000000000000000000000000	ug-202	20
5-	4-187/3&4, IInd Floor, M.G Road	0		atch Docui	ment No	Deli	very No	te Date
	ecunderabad	1	Invo				Aug-20	
1	STIN/UIN : 36ACQFS2044C1Z7	00		atched thro	ough		stination	
St	ate Name : Telangana, Code : 36	100	Self			The state of the state of	erlapal	
		18	Sell			CIII	eriapai	iy
SI	Description of Goods	HSN/SAC	GST	Quantity	Rate	nor	Disc. %	Amount
No.		HSIN/SAC	Rate	Quantity	Rate	per	Disc. %	Amount
		2005			1 000 00		45.05.04	
1	Loft Tank 200 Litres	3925	18 %	10 No:	1,320.00	No:	15.25 %	11,187.00
	Output CGS1	r						1,006.83
	Output SGS1							1,006.83
	ROUNDING OFF							0.34
	Konbine on							0.54
							ŀ	
								CTI
							100	13.50
							160	INCHASO SI
							112	10010
							131	68,00
							Wal.	119
							1 1 3	301
	2						11/2	*
			į į				1	\$50'B
				1		6		Salar Constitution
-	Tota	1	-	10 No:			-	₹ 13,201.00
Am	nount Chargeable (in words)						1	E. & O.E
In	dian Rupees Thirteen Thousand Two Hundred One Onl	ly						
	HSN/SAC	Tax	able	Central	Гах	Sta	te Tax	Total
						ate	Amou	nt Tax Amount
39	025		87.00			9%	1,006	
		Total 11,1	87.00	1,	006.83		1,006	.83 2,013.66
Ta	x Amount (in words): Indian Rupees Two Thousand Thirteen	and Sixty	Six pa	ise Only			•	SAN SAN
100								John Williams
								1/8/
							10	LIN VATNAGAR Z
Co	ompany's PAN ACWPG4864A							or Praful Sanitary
1000	claration						i i	o
W	e declare that this invoice shows the actual price of the goods							
de	escribed and that all particulars are true and correct.						Α	uthorised Signatory
	SUBJECT TO HYDER	RABAD JURISE	DICTION		10			-
					200			



Purchase Order

Page(s) 1 Of 1

06-08-2020 3:22:39 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 2:48:33

Supplier Details						
Praful Sanitary			Doc No	69448	14775	
3-6-138/5, Himayat Nagar, Hyderabad.			Doc Date	06-08-2020		
GSTIN 36ACWPG864A1ZG 4007			Quote No	Nil		
		40077300	Quote Date	06-08-2020		
65526886.	98496	24797	SupplyType	Supply		

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7345 - Plumbing - PVC - Loft Tank - Other - Nos	10.00	1,320.00	15.25	18.00	13,200.66
		Total Or	der Value	e	13,200.66

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

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 Security

Nil Nil

Remarks

ror	Summit	Sales	LLP
		25.53	

Authorised Signatory

Accepted the above Terms And Conditions

For Praful Sanitary

Name:

Date : __/__/__

Requisition Form

SSLLP	Date						
CITTID		:		03.08.2020			
Site & Phase : SHLLP Supplier		Time:			17.05		
	Reg	No.		14775			
Material required before date:		ID No.			CONTRACTOR		
ption	Size	Quantity	Unite		Date		
	5000000000						
014437	3"						
	4"						
1248							
6		10	NOS				
ice and site							
HEMENDRA	Appr	oved by		JET	184		
03.08.2020	Sign.	& Date		200 M	2030		
	03.08.2020	ID N Size 4" 3" 4" consider the state of t	ption Size Quantity 4" 50 3" 50 4" 10 10 10 acce and site HEMENDRA Approved by	ID No. Size Quantity Units 4" 50 NOS 3" 50 NOS 4" 10 NOS 10 NOS 10 NOS HEMENDRA Approved by 03.08.2020 Sign. & Date	ID No. Size Quantity Units Inward No 4" 50 NOS 3" 50 NOS 4" 10 NOS 10 NOS HEMENDRA Approved by 03.08.2020 Sign. & Date		