PURCHASE DIVISION Advice for approval for credit to supplier

Date:	And the same of th	10/09/20		Prepar	red by:	1				
PO/WO n	Ю.	8			VO Date.	Keelli				
Supplier N	Vame	70140	1,	pant/samp	O amount	8/08/20				
Firm/Com	pany	Vivid u	porld		1000,000 1000,000	271.40/	_			
SL No.		Modi prop Bill No.	perties Pra	Bill Da		May f Bill amount	Head Off			
1.		.111								
22.	2000	1777		101	08/20	271.40	1-			
3.										
4.										
Amount A	- Bills tota	al(Excluding Tran	sport & Hamali	Charges):						
SL No.	DC No		DC. Date		MRN No.	DC matches MR				
THE STATE OF THE S	144	7	10/08/20	7	82840	□ Yes □ No	Statements and the second seco			
2.				The second secon		□ Yes □ No				
3.						□ Yes □ No				
4.						□ Yes □ No				
Amount B		-					Managed American on Communication of the State of State o			
Amount C -										
) – Amount to be	credited to the si	upplier:		211 11 -1				
Aumount E						271.40/				
Amount F –						271-40/-	Service and the service of the servi			
Quantity rec	eived as pe	er PO/WO		.e Yes o Exc	cess received Short	received Other (exp	lained helow)			
s difference	between P	O / Bill acceptabl	e?		(explained below)					
Excess / sho	rt material	received	THE COLUMN TWO IS NOT	□ Approved	within acceptable	fimits No (explained	helow)			
llose PO/W	V?O	And the second s		1		aterial No (explained				
dvance paid	d / PDC giv	ven (deduct when	paying)	□ Yes – Rs.		- To (expanie)				
ayment - dı	ue date									
temarks:	and the second s	and the second s		14/09/20						
3			` '							
Approved by	Purch		The second secon	ment N	ACCOUNT receiver		Accounts Manager			
gm:	Kert	De	9 AUG	2020	bill					
ate	auce		MINISH PA							
tes: 1. In cas	se amount i	to be credited to a	MANAGER PROC	HIREMENT						

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

M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

Flat No. 503, G2 Block, Indu Aranaya Pallavi Apts., Bandlaguda, Nagole, Hyderabad – 500 068, Telangana State. Tel: +91-9246215868

70170

GSTIN: 36AVTPS1528D1ZB

	,		T_{A}	AXI	NVC	ΟI	CE						
Invoice No.: 1777 (1777)					Trai	nsp	ort Mode					- 10 T	_
Invoice Date : 10/08/2020					Vehicle Number :								_
Reverse Charge (Y/N):									-				
State: TELANGANA	Coo	le	3	36	Date of Supply :								
Bill to Par	Bill to Party								Chin	- D-			-
Address: M/S.MODI PROPERTIES PVT LTD,						FD	ASS NO:	<u>SEC.</u>	Ship	to Par	ty	-1	
5-4-187/3&4, 2 ND FLOOR, SOHAM MANSION						L 1 /	A33 NO.						
MG ROAD, SECBAD.													
GST: 36AABCM4761E1ZM.					GSTI	INI .							
State: TELANGANA			Co					15.00					
			de		State	e:						Co	
Product Description	HSN	ΙU	Qty	Rate	Amou	unt	TAVABLE	0.0				de	
	Code	0 M		Nate	Amot	unc	TAXABLE VALUE	CG	SST		SGST	TOTAL	
								RA	AMT	RA	AMT	271.40 230.00 20.70 20.70	
								TE		TE			
HP 12A LASER TONER REFILLING	3707		01	230.00	230.0	00	41.40	9%	20.70	9%	20.70	271 40	
		H						- 4		,,,	20.70	2/1.40	
			. 1										
			-		-								
Inward N		77				100	- Line					7	
												139.4	
INO: O	21 mg/2												
Received By:			_			-		-					
Cornor Wight	1		-										
MODI PROPERTI	9								4				_
- KI	ES	_							74.0				
		+	_		230.00	-	41.40	-	-				
							11.10					271.40	
												230.00	
S. TWO HUNDRED SEVENTY ONE AND RS.271.40)	FORTY PAI	SE	ONLY			AD	D :CGST 9%						
13.271.40)												20.70	
						AD	D: SGST 9%			13		20.70	
						Tot	tal Amount Afte	r Tax				271 40	_
						GG	T on Reverse C	homo				271.40	
Bank Details		1				00			10	IA			
ank Name : INDIAN BANk		/					Certifie	ed that t		1	011	e and correct	
	U							//	For VI	ID W	ORLD		
ranch : Narayanguda Branch	7							11	א סער	abed	9		
ank A/C : 406746378								11	7	1	11		
ank IFSC : IDIB000N015								11	Authoriz	9	* //		



Purchase Order

Page(s) 1 Of 1

07-09-2020 13:49:30

Origi

03.09.20

From Company: Modi Properties Pvt.Ltd.

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

G S T No.: 36AABCM4761E1ZM

Supplier Details					
Vivid World		Doc No	70170	16466	
204, Kubera Towers, Narayan	aguda, Hyderabad.	Doc Date	20		
		Quote No	Nil		
GSTIN 36AVTPS1528D1ZB		Quote Date	08-08-2020		
6682-3161/6682-3171	92462-15868	SupplyType	Supply		

Kind Attn: Mr. Vishal

Purchase Order for the Supply of following Items.

Qty	Rate	Dis%	GST	Amount
1.00	230.00	0.00	18.00	271.40
	Total Or	der Value	e	271.40
		1.00 230.00	1.00 230.00 0.00	Quy name Dieze

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 & 4, II nd Floor, M.G.Road, Secunderabad - 500003

Phone. 040-66335551

Nil **Penality For Delay**

Transportation

Included in the above price.

Warranty

Nil

Advance Paid

Nil

Other Terms

Measurment

We reserve the right items not conforming to quality and specifications. Above order for Refillinguse

Completion Date

Nil Nil

Security

Nil

Remarks

For Modi Properties Pvt.Ltd.

Authorised Signatory

Accepted the above Terms And Conditions

For Vivid World

Date : __/__/_

Name : Contact Requisition Form

Treduction 1 of the											
Company Name:		Modi properties Pvt	Ltd	Date:				21-08-20			
74 (Head Office			Time:	-					
Supp					Req. N	0.	16466				
Mate	erial required before date:			ID No.				16466 59676			
No	Descr	iption		Size	e	Quantity	Units	Inward No	Date		
1	12 A Toner refilling					1	No				
2											
3											
4											
5			10/10								
6		20.	70/10								
7		٧.٥									
8											
9											
10											
Rema	arks:This is for shivanand										
Prepared By		suneel		1	Approved by						
Sign.	& Date	21-08-20		5	Sign. &	Date					

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

Requisition Form

	Requisit	1011 1 1101	.11					
Company Name:								
Site & Phase :								
Supplier			0.					
e:		ID No.						
Description	S	ize	Quantity	Units	Inward No	Date		
	-							
Prepared By suneel		Approv	ed by					
Sign.& Date			Sign. & Date					
	suneel	Description S	Date: Time: Req. No. Description Size suneel Approv	Time: Req. No. Bescription Size Quantity suneel Approved by	Date: Time: Req. No. Pescription Size Quantity Units suneel Approved by	Date: Time: Req. No. Bescription Size Quantity Units Inward No Size Quantity Units Size Quantity Units Inward No		

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