## PURCHASE DIVISION Advice for approval for credit to supplier

Date:		12/09/20		Prepare	d by:	T							
PO/WO no	).			PO / W	O Date.		Kulti:						
Supplier N	lame	70168		PO/WO	amount		18/08/20						
Firm/Company				Ducinat			271.40						
Sl. No. Bill No.				Bill Dat			Head off	ic					
				Bill Dat	е		Bill amount						
1.		1792		21/0	8/20		271.40						
2.			And the second s										
3.													
4.													
Amount A	– Bills tot	al(Excluding Transp	oort & Hamali C	harges):			271.40						
Sl. No.	DC No		DC. Date		MRN No.		DC matches MRN						
1.	179	2	21/08/20	2	82900	1	Yes 🗆 No						
2.	-						Yes 🗆 No						
3.	-					1	Yes □ No						
Amount B	Other Cr	edits:											
Amount C	Other De	bits:				-							
Amount D	(D=A+B-0	C) – Amount to be c	redited to the su	pplier:	271.40								
Amount E	- PO / WC	value:											
Amount F -	- Difference	ce (A – E):			M		271.40						
Quantity re	ceived as p	per PO/WO			cess received	ceived   Short received   Other (explained below)							
Is difference	e between	PO / Bill acceptable	e?	□ Yes □ No	(explained b	elow)							
Excess / sho	ort materia	l received		□ Approved – within acceptable limits □ No (explained below)									
Close PO /	W?O			✓ Yes □ No – wait for balance material □ No (explained below)									
Advance pa	id / PDC g	given (deduct when	paying)	□ Yes – Rs.	/- 9 No								
Payment - o	due date			14/09/2	0								
Remarks:		and the second s											
			***************************************										
monetoro de la composición del composición de la			١.										
Approved		rchase Purch	The second secon	ment	M D	Accounts -	Accountant	Accounts					
by	0	fficer Mana	AP APA	VED	20	receiver of bill		Manager					
Sign:	Vars	Da PX	2 AUG	2020									
Date	210		MINISH P										

Notes: 1. In case amount to be credited to supplie and the provided 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/-

## 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

70168

GSTIN: 36AVTPS1528D1ZB

			TA	X IN	IOVI	CE					
Invoice No.: 1792	Transp	sport Mode :									
Invoice Date : 21/08/2020	Vehicle	rehicle Number :									
Reverse Charge (Y/N):	Date o	Date of Supply :									
State : TELANGANA	е	3	6								
Bill to Party								Ship to	o Part	:y	
Address: M/S.MODI PROPERTIES PVT L <sup>-</sup> 5-4-187/3&4, 2 <sup>ND</sup> FLOOR, SOHAM MANS MG ROAD , SECBAD.			GATE PASS NO: 2151								
GST: 36AABCM4761E1ZM					GSTIN	:	. 6				
State: TELANGANA			Co de		State :						Co de
Product Description	HSN Code	U O M	Qty	Rate	Amount	Amount TAXABLE CGST SGST VALUE			SGST	TOTAL	
		IVI					RA TE	AMT	RA TE	AMT	
HP 12A LASER TONER REFILLING	3707		01	230.00	230.00	41.40	9%	20.70	9%	20.70	271.40
INWARD Inward Not 3 9 0r: 21 9 MRN No: Dt: Received By: Sign:											
MANUAL RILES	4				230.00	41.40					271.40
											230.00
RS TWO HUNDRED SEVENTY ONE AND FO	RTY PA	ISE	ONLY	7.		ADD :CGST 9%					20.70
RS.271.40)	5	1			ADD: SGST 9%					20.70	
	69			Total Amount After Tax			0		271.40		
	[5]			GST on Revers							
Bank Details  Bank Name : INDIAN BANk  Branch : Narayanguda Branch  Bank A/C : 406746378	on Seal		Certified that the natural ageiven above are true and correct For VIVID WORLD  Authorized Signatory								
Bank IFSC : IDIB000N015			-	Var	ayan	1					

## **Purchase Order**

Page( 1 Of 1

07-09-2020 13:49:30

Original /

70168

03.09.20 11:50:2

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	70168	16471	
204, Kubera Towers, Narayan	Doc Date	18-08-2020			
		Quote No	Nil		
<b>GSTIN</b> 36AVTPS1528D1ZB		<b>Quote Date</b>	18-08-2020		
6682-3161/6682-3171	92462-15868	SupplyType	Supply		

Kind Attn: Mr. Vishal

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3523 - Computers and Peripherals - Toner refill - NA - nos 12A	1.00	230.00	0.00	18.00	271.40
		Total Or	der Value	e	271,40
Rupees: Two Hundred Seventy One and Paise Fourty 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 & 4, II nd Floor, M.G.Road, Secunderabad - 500003

Phone. 040-66335551

Penality 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 Refillinguse

**Completion Date** 

Nil

Measurment Security

Nil

Remarks

For Modi Properties Pvt.Ltd.

Authorised Signatory

Accepted the above Terms And Conditions

For Vivid World

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

Contact - -

Requisition Form

Cori-	ė NT	3.6 1		Deta:				10-08-20		
Chi	pany Name:		perties Pvt Ltd		Date:			10-08-20		
Site &	& Phase :	Head Offi	ce		Time:					
Supp	lier				Req. N	0.		16421		
Material required before date:					ID No.		59674			
No	Descri	iption		Size		Quantity	Units	Inward No	Date	
1	12 A Toner refilling					1	No			
2			303							
3										
4					10/	6				
5					10/	00				
6				N.C	) ' '				3	
7				`						
8										
9										
10										
	arks:This is forRamarao									
Prepa	ared By	suneel			Approved by					
Sign.	& Date	10-08-20			Sign. & Date					

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

Requisition Form

Company Name:				Date:				
Site & Phase :				Time:				
Supplier  Material required before date:				Req. No.				
				ID No.		16412		
No	Descri	iption	S	Size Quantity			Inward No	Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Remarks:								
Prepared By suneel			Approved by					
Sign.& Date				Sign. d				

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