PURCHASE DIVISION Advice for approval for credit to supplier

Date:	1	6101		Descri	11									
PO/WO no.		6/9/20			pared by:	7	T. Shasi-							
Supplier Name		70246			WO Date.									
Firm/Company	PA	aful s	-10)	PO/	WO amount		8/9/20							
	Y	Sov LL F	2	Proj	ect		2005							
Sl. No.	Bill No.			Bill	Date		Sev (×						
1.		0				× =	Bill amount							
2.		352			10/91	20	2005							
3.							/							
4.						8								
Amount A – B	ills total(Excludi	ing Transport &	II 1' c				2005							
	C No			Charges):		*	Rs. 13,027							
1.		DC.	Date		MRN	No.	DC matches MRN							
2.					82	928	□Yes □ No							
3.						1-0	□ Yes □ No							
				10 g M			□ Yes □ No							
Amount B –Otl														
Amount C –Otl							-							
Amount D (D=	A+B-C) – Amou	int to be credite	d to the su	innlier:										
Amount E – PC	/ WO value:			-ppilot.			2005							
mount F – Di	fference (A – E):						2005							
	ed as per PO/W													
				□ Yes □	Excess receive	ved □ Short re	ceived Other (exp	lained be	low)					
	tween PO / Bill				No (explaine									
	naterial received			□ Appro	ed - within	acceptable lim	its □ No (explained	h -1 \						
close PO / W?C)													
dvance paid /	PDC given (ded	uct when paying	g)	Yes □ No – wait for balance material □ No (explained below) □ Yes – Rs. /- No										
ayment - due		1 3 - 2												
lemarks:				19	9/20									
Approved by	Purchase Officer	Purchase Manager	Procure Mana		MD	Accounts -		1 1 1 1 3	ounts					
ign:	K			3		receiver o		Mar	ager					
Date	VO													
aic	16/9/20			100000000000000000000000000000000000000										

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 INVOICE

Praful Sanitary
3-6-429/6, SRI SAI TOWER,
St. No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name: Telangana, Code: 36
E-Mail: prafulsanitary@gmail.com
Buyer

Silver Oak Villas LLP 5-4-187/3&4, IInd Floor, M.G. Road

Secunderabad

GSTIN/UIN : 36ADBFS3288A2Z7 State Name : Telangana, Code : 36

Invoice No.	Dated
PS/20-21/ 352	10-Sep-2020
Delivery Note	
nvoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
0246	8-Sep-2020
Despatch Document No.	Delivery Note Date
nvoice	10-Sep-2020
Despatched through	Destination
Self	Cherlanally

SI No.		HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1 2	CP Urinal Push Cock Cp Urinal Spreader	8481 8481	18 % 18 %	3 No: 3 No:	328.00 380.00			787.20 912.00
								1,699.20
	Output CGST Output SGST Less: ROUNDING OFF							152.93 152.93 (-)0.06
				-				
	CRIVE							•
	WINNARD OF THE PROPERTY OF THE	To day						
	INWARD WITH TIME: //	0					, N.S. 1	
	MRN No Q Q 926 Dt: 12Q' Received By Sign.	200						
	SILVER OAK VILLAS LI	P						
	Total	*		6 No:				₹ 2,005.00

Amount Chargeable (in words)

Indian Rupees Two Thousand Five Only

Indian Rupees	Two Thousand Five Only						
	HSN/SAC	Taxable	Cen	tral Tax	Sta	ate Tax	Total
=	Holliono	Value	Rate	Amount	Rate	Amount	Tax Amount
0.404		1.699.20	9%	152.93	9%	152.93	305.86
8481	Total	1,699.20		152.93		152.93	305.86

Tax Amount (in words): Indian Rupees Three Hundred Five and Eighty Six paise Only

for Praful Sanitary

E. & O.E

Company's PAN

: ACWPG4864A

Declaration
We declare that this invoice shows the actual price of the goods

described and that all particulars are true and correct.

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

Page(s) 1 Of 1

08-09-2020 3:23:14 PM

08.09.20 12:15:09

From Company: Silver Oak Villas LLP

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

G S T No.: 36ADBFS3288A2Z7

Supplier Details						
Praful Sanitary		Doc No	70246	155977		
3-6-138/5, Himayat Nagar, Hyderabad.	Doc Date	08-09-2020				
		Quote No	Nil 08-09-2020 Supply			
GSTIN 36ACWPG864A1ZG	40077300	Quote Date				
65526886. 984	9624797	SupplyType				

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

20.00			Amount
20.00	20.00	18.00	1,076.16
20.00	20.00	18.00	928.90
rder Valu	er Value		2,005.06
0	Orde	Order Value	Order Value

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

Silver Oak Villas Phase - IX

Sy. No. 291, Cherlapally, Hyderabad, next to Govt. of india mint

Phone. Contact: Security 65908777, 9502288244 Sanjay

Penality For Delay

Nil

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 Club house purpose.

Completion Date

Nil

Measurment

Nil Nil

Security

Remarks

Accepted the above Terms And Conditions

For Praful Sanitary

For Silver Oak Villas LLP

Authorised Signatory

Date : __/__/___

	1	17	14		ے 12		10	9	0	0 \	1 0	0	4 1	٥	7 6			9	S No.	100		Nan	Flat	Pre	Mai	Rec	2
Total		i	Teffon Tapas			<u>.</u>			i	Angle Cock					Long Body Taps		MISTERIAL	N. f 1	Item Description	OFFO SIL 3BHK Orger Value:	odo se certa Order Value:	ame of the Supplier:	lat / Block no:	repared by:	Material required before	Reg. no.	Company SOVILP
	Nos	Nos	NOS	NIO2	Noc	Nos	Nos	Nos	Nos	Nos	Nos	Nos	Nos	Nos	Nos	Nos			Units	0	0		Club House	K.Purshotham	Urgent	155977	SOVLLP
92	-	20.00	4.00	2.00	300	6.00	12.00	10.00	3.00	16.00	10.00	1	3.00	2.00	4.00	1			Quantity required for 1 villa	Villas	Villas	†		am		7	
,							,		1	1	ı	1	ı	ı	1	1			Qty required forType A 1620 Sft 3BHK flat					Approved by (sign)	ID no.	Req. Date	Site & Phase
-	ı	1	-	-			1	1	-	-	1	1	-	1	1	1			Qty required Type C 1605 3BHK flats requirement				****	v (sign):			è
	1	1	1	-				-	-	-	1	-	-	-	1	-			Qty required forType B 1790 Sft 3BHK flat						たったりろ	04/09/2020	SOV
	1	20.00	4.00	2.00	0.00	700	12 00	10 00	3.00	16.00	10.00	1	3.00	2.00	4.00	1			Quantity required								
	-	1	-	-	-	-			-	-	-	-	-			1			Qty Available at site								
0.00	0 00	20.00	4.00 -	2.00	6.00	12.00	13 00	10 00	3 00	16 00	10 00	000	3 00	2 00	4 00 1	0.00			Balance Qty to be ordered					1		2 -	
	1	1	1	\	\		1	\		\)	1		1	\)			Inward No								
																	,		Date								