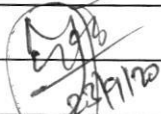


PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	23/09/2020	Prepared by:	T.D. Murthy				
PO/WO no.	70483	PO / WO Date.	16/09/2020				
Supplier Name	Praful Sanitary	PO/WO amount	Rs. 7,256/-				
Firm/Company	Nilgiri Estates	Project	Nilgiri Estates				
Sl. No.	Bill No.	Bill Date	Bill amount				
1.	373	18/09/2020	Rs. 7,256/- ✓				
2.	-	-	-				
3.	-	-	-				
4.			-				
Amount A – Bills total(Excluding Transport & Hamali Charges):			Rs. 7,256/- ✓				
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.	373	18/09/2020	83148	☒ Yes ☐ No			
2.				☐ Yes ☐ No			
3.				☐ Yes ☐ No			
Amount B –Other Credits :			-				
Amount C –Other Debits :			-				
Amount D (D=A+B-C) – Amount to be credited to the supplier:			Rs. 7,256/- ✓				
Amount E – PO / WO value:			Rs. 7,256/-				
Amount F – Difference (A – E):			-				
Quantity received as per PO /WO		☒ Yes ☐ Excess received ☐ Short received ☐ Other (explained below)					
Is difference between PO / Bill acceptable?		☒ Yes ☐ No (explained below)					
Excess / short material received		☒ Approved – within acceptable limits ☐ No (explained below)					
Close PO / W?O		☒ Yes ☐ No – wait for balance material ☐ No (explained below)					
Advance paid / PDC given (deduct when paying)		☐ Yes – Rs. _____/- ☒ No					
Payment – due date		26/09/2020					
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	23/9/20		MINISH PARIKH MANAGER, PROCUREMENT				

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

(ORIGINAL FOR RECIPIENT)

Praful Sanitary
 3-6-129/6, SRI SAI TOWER,
 St.No.4 HIMAYAT NAGAR
 HYDERABAD
 GSTIN/UIN: 36ACWPG4864A1ZG
 State Name : Telangana, Code : 36
 E-Mail : prafulsanitary@gmail.com

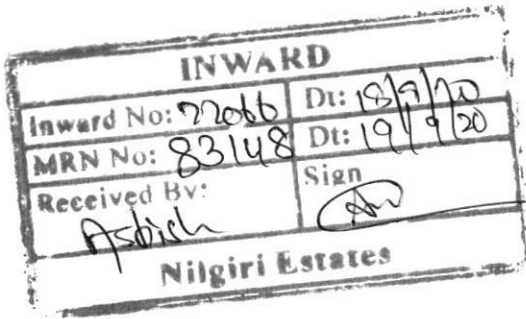
Buyer
Nilgiri Estates
 5-4-187/3&4, IInd Floor, M.G. Road
 Secunderabad
 GSTIN/UIN : 36AAHFN0766F1ZA
 State Name : Telangana, Code : 36

Invoice No. PS/20-21/ 373	Dated 18-Sep-2020
Delivery Note	
Supplier's Ref.	Other Reference(s) Credit
Buyer's Order No. 70483	Dated 16-Sep-2020
Despatch Document No. Invoice	Delivery Note Date 18-Sep-2020
Despatched through Self	Destination Rampally

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	Service Saddle	3917	18 %	30 No:	66.90	No:	30 %	1,404.90
2	Service Saddle	3917	18 %	30 No:	54.50	No:	30 %	1,144.50
3	20mm CF Elbow	3917	18 %	30 No:	62.00	No:	20 %	1,488.00
4	20mm CF Adaptor	3917	18 %	30 No:	40.00	No:	20 %	960.00
5	25mm CF Adaptor	3917	18 %	30 No:	48.00	No:	20 %	1,152.00
								6,149.40
								553.45
								553.45
								(-)0.30

Less :

Output CGST
 Output SGST
 ROUNDING OFF



Total

150 No:

₹ 7,256.00

Amount Chargeable (in words)

E. & O.E

Indian Rupees Seven Thousand Two Hundred Fifty Six Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
3917	6,149.40	9%	553.45	9%	553.45	1,106.90
Total	6,149.40		553.45		553.45	1,106.90

Tax Amount (in words) : Indian Rupees One Thousand One Hundred Six and Ninety paise Only

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.

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

Purchase Order

Page(s) 1 Of 1

16-09-2020 3:36:13 PM



70483

14.09.20 5:37:50

From Company : **Nilgiri Estates**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003.
G S T No. : 36AAHFN0766F1ZA

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG 40077300
65526886. 9849624797

Doc No	70483	72962
Doc Date	16-09-2020	
Quote No	Nil	
Quote Date	16-09-2020	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7268 - Plumbing - PVC - Saddle - other - nos 2" x 3/4"	30.00	66.90	30.00	18.00	1,657.78
2 7268 - Plumbing - PVC - Saddle - other - nos 1 1/2" x 1/2"	30.00	54.50	30.00	18.00	1,350.51
3 7331 - Plumbing - HDPE - Elbow - other - nos 1/2"	30.00	62.00	20.00	18.00	1,755.84
4 7096 - Plumbing - HDPE - Joint Nipple - other - nos 1/2" adapter CF	30.00	40.00	20.00	18.00	1,132.80
5 7096 - Plumbing - HDPE - Joint Nipple - other - nos 3/4" CF adapter	30.00	48.00	20.00	18.00	1,359.36
Total Order Value . . .					7,256.29

Rupees : Seven Thousand Two Hundred Fifty Six and Paise Twenty Nine Only.

Terms and Conditions :-**Specification / Brand** As per details given in the quotation.**Payment Terms** After Delivery & Production of bill**Tax** Inclusive of all taxes**Delivery Date** Next Day.

Delivery Location Nilgiri Homes Phase - II
Sy.No.143/133/134/135/136, Rampally Village.
Phone. Malleshham 9553797190

Penalty For Delay Nil**Transportation Cost** Transport cost shall be borne by us.**Warranty** Nil**Advance Paid** Nil**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for Site use purpose.**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Nilgiri Estates**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : _____

Name : _____

Date : ____/____/____

Requisition Form

Company Name:	NILGIRI ESTATES	Date:	15.09.2020
Site & Phase :	NILGIRI ESTATE	Time:	11:45
Supplier		Req. No.	72962
Material required before date:		ID No.	59912

No	Description	Size	Quantity	Units	Inward No	Date
1	HDPE Sandle Piece	63mmX25 mm 3/4"	30	Nos		
2	HDPE Sandle Piece	50mm X 20mm 1/2"	30	Nos		
3	HDPE Elbow	20mm 1/2"	30	Nos		
4	HDPE Connector	20mm 1/2"	30	Nos		
5	HDPE Connector	25mm 3/4"	30	Nos		
6						
7						
8						
9						
10						



Remarks: - For Site use purpose

Prepared By	Anil.M	Approved by	
Sign. & Date	15.09.2020	Sign. & Date	

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

Company Name:		Date:	
Site & Phase :		Time:	
Supplier		Req. No.	
Material required before date:	Urgent	ID No.	

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						

Remarks:

Prepared By		Approved by	
Sign. & Date		Sign. & Date	

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