

PURCHASE DIVISION
Advice for approval for credit to supplier

Date:		12/10/2020		Prepared by:		MINISH.	
PO/WO no.		69990		PO / WO Date.		01/09/2020.	
Supplier Name		1 con. Water. Solution		PO/WO amount		51,743/-	
Firm/Company		Nalgiri Estate's Association		Project		NE.	
Sl. No.		Bill No.		Bill Date		Bill amount	
1.		134		05/09/2020.		51,743/-	
2.							
3.							
4.							
Amount A – Bills total(Excluding Transport & Hamali Charges):						Rs. 51,743/-	
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.			82786	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount B – Other Credits :						-	
Amount C – Other Debits :						-	
Amount D (D=A+B-C) – Amount to be credited to the supplier:						-	
Amount E – PO / WO value:						51,743/-	
Amount F – Difference (A – E):						51,743/-	
Quantity received as per PO /WO				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below)			
Is difference between PO / Bill acceptable?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)			
Excess / short material received				<input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)			
Close PO / W?O				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)			
Advance paid / PDC given (deduct when paying)				<input checked="" type="checkbox"/> Yes – Rs. _____ /- <input type="checkbox"/> No			
Payment – due date							
Remarks: 50% Advance paid Balance to pay							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:			APPROVED				
Date			12 OCT 2020				
			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 bills if quantity of bills or DCs is more than the space provided. Clearly mark the space provided with 'see'. 3. Purchase Officer can approve Pos/Wos upto Rs. 5,000/-, Purchase Manager and Procurement Manager to approve upto Rs. 1,00,000/- to 1,00,000/- . 4. Attach JV, Office copy of PO/WO, DCs and bills to this advice. 5. In Amount A, exclude transport charges, etc and instead include in Amount B. 6. To be approved by accounts manager if bill value exceeds Rs. 1,00,000/-

ICON WATER SOLUTIONS

Cell : 9949989287
9949048567

Plot No : 11, Sri Ram Nagar Colony, Chintal, Hyderabad - 54, Email : iconwatersolutions@gmail.com

GSTIN : 36AGCPV1268R1ZM

TAX INVOICE	PO NO:- 6999072937	Original for Buyer
		Duplicate for transporter
		Triplicate for transporter

Reverse Charge : 134	Transportation Mode :
Invoice No. :	Vehicle Number :
Invoice Date : 05/09/20	Date of Supply : 05/09/20
State : TELANGANA State Code : 36	Place of Supply : Rampally

Details of Receiver / Billed to		Details of Consignee / Shipped to	
Name : m/s. Nilgiri Estate Owners Association	Name : m/s. Nilgiri Estate Owners Association	Address : 5-4-187/324, II nd floor, MG. Road, Secunderabad.	Address : 5-4-187/324, II nd floor, MG. Road, Secunderabad.
GSTIN : _____	GSTIN : _____	State : T.S	State : T.S

Sr. No.	Name of Product / Service	HSN Code	UOM	QTY	Rate	Amount	Taxable Value
01.	8" inch Membrane	8421		01.	32,500/-	32,500/-	32,500/-
02.	Activated Carbon	8425		50kg	165/-	8,250/-	8,250/-
03.	Pressure Sand	8421		50kg	32/-	1,600/-	1,600/-
04.	Service Charge	-			1,500/-	1,500/-	1,500/-



Total Invoice Amount in Words : <u>fifty one thousand seven hundred forty three only</u>	Total Amount Before Tax	43,850/-
	Add : CGST @ 9%	3,946.50/-
	Add : SGST @ 9%	3,946.50/-
	Add : IGST @	

Bank Details : Bank Name : ICICI BANK Branch : Balanagar, Hyderabad Account No. : 111505000556 IFSC / RTGS Code : ICIC0001115	Tax GST Amount TOTAL AMOUNT AFTER TAX : 51,743/- GST Payable on RCM
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Terms & Conditions : Goods once sold will not be returned back or exchanged. E.&O.E	Certified that the particulars given above are true and correct For ICON WATER SOLUTIONS  Authorised Signatory
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Purchase Order

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69990

27.08.20 2:29:37

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

Supplier Details

Icon Water Solutions
C/O 49-253/1, IDA, Padma Nagar, Phasse 1, Chintal, Hyderabad - 55.

GSTIN 0

8497927928-Sreenu(M.P.)

9949989287/9052394142

Doc No	69990	72937
Doc Date	01-09-2020	
Quote No	Email	
Quote Date	28-08-2020	
SupplyType	Supply And Installation	

Kind Attn : Mr.V.Srinivas

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	IGST	Amount
1 4097 - Consumables - Membrane - NA - nos	1.00	32,500.00	0.00	18.00	38,350.00
2 4103 - Consumables - Activated carbon - IV 600 - Kgs A 'Grade Carbon	50.00	165.00	0.00	18.00	9,735.00
3 4095 - Consumables - Sand filter media - Other - kgs Pressure Sand	50.00	32.00	0.00	18.00	1,888.00
4 7177 - Plumbing - pumps - Fittings - NA - Lumpsum Service Charges	1.00	1,500.00	0.00	18.00	1,770.00
Total Order Value . . .					51,743.00

Rupees : Fifty One Thousand Seven Hundred Fourty Three Only.

Terms and Conditions :-

Specification /	Sl no:1 shall be of Polyamide "Film Tech" make. Size: 75GBT, Sl no:3 shall be of H2O 5 Microns sediment 20" Jumbo filter.
Payment Terms	50% advance balance aganist delivery of material
Tax	All taxes included in above price.
Delivery Date	Next day - urgent!
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172, 8297349480
Penalty For Delay	Nil
Transportation	Included by you.
Warranty	Nil
Advance Paid	Rs. 25,781-00, by cheque.....
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for 1000 LPH R.O. plant purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	Nil

For **Nilgiri Estates Owners Association**

Authorised Signatory

Accepted the above Terms And Conditions

For **Icon Water Solutions**

Name : _____

Name : _____

Date : ___/___/___