PURCHASE DIVISION Advice for approval for credit to supplier

Date:			12/10	100.		Prep	ared by:		D.SOWMYA				
PO/WO no.		70934				PO / WO Date.			111000				
Supplier Name		Proful saintary SSILp.			,	PO/WO amount			2,036				
Firm/Company				Project			Shup						
Sl. No.		Bill No.	-			Bill	Date		Bill amount	<u> </u>			
1			PS/20-21/415			-	61.	0/20.	3 00/				
2		3 20-21 11			113		7,5/1	- 1201	2,036				
3			*****					····	/				
4		, , , , , , , , , , , , , , , , , , , ,		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					 /				
Amount A	– Bills 1	otal(Excludi	ng Transı	oort & Har	nali Char	ges):							
Sl. No.	DC N			DC. Date				No.	DC matches MRN				
1.									y Yes □ No				
2.			-		-+		, 6	13821	☐ Yes ☐ No				
3.			_			- ·			□ Yes □ No				
Amount B –Other Credits: Transportation charges													
Amount C			- (VIII U		-	·			
Amount D	(D=A+	B-C) – Amoı	ınt to be	credited to	the suppl	ier:				A			
Amount E				W-1					₹ 03	6			
Amount F – Difference (A – E): GST-18%				·				.3,03	6				
Quantity received as per PO /WO Yes Excess received Short received Other						1 - Other (evalui	ther (explained below)						
Is difference between PO / Bill acceptable?													
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. V-No								
Payment – due date 17.10.2020													
Remarks:													
	···-								, su , , , , , , , , , , , , , , , , , ,				
Approve	ed	Purchase	Purch	ase P	rocureme	nt	MD	Accounts -	Accountant	Accounts			
by		Officer	Mana		Manager		141.00	receiver of	Accountant	Manager			
Sign:		Journal	D/4	1		-	·	bill					
Date		1 (2/10/2	0/6	10									
N7-4 1 ~								1	1	I			

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. 10,000/-, Purchase Manager or Procurement Manager to approve all bills from 10,000/- 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/-

۳r	afrd Sanitary		Invoi	ce No.		Date	ed	
St.	6-₹9/6,SRI SAI TOWER, No.4 HIMAYAT NAGAR			20-21/41	5		ct-202	<u>o</u>
ΗY	'DERABAD		J	ery Note				
Sta	STIN/UIN: 36ACWPG4864A1ZG ate Name : Telangana, Code : 36		Invo	olice olier's Ref.		Oth	er Refer	rence(s)
E-1	Mail : prafulsanitary@gmail.com yer		_ \			Cre		
	Immit Sales LLP	~		r's Order !	Vo.	Date		
5-4	4-187/3&4, IInd Floor, M.G Road	\sim	7093	34 Datch Docu	una mad Alla		ct-202	
Se	cunderabad	10	Invo		iitient No.	1	very No	1
	STIN/UIN : 36ACQFS2044C1Z7 ate Name : Telangana, Code : 36	•		patched th	rough		ct-2020 tination	
			Self	· · · · · · · · · · · · · · · · · · ·		Che	erlapali	ly
SI								
Nc.	Description of Goods and Services	HSN/SA		Quantity	Rate	per	Disc. %	Amount
1	Tile Grout (White)		Rate		 / -		 	
•	The Glode (Wille)	3214	18 %	50 Kg	34.50	Kg		1,725.00
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Am	ount Chargeable (in words)	<u> </u>		50 Kg	3		<u></u>	₹ 2,036.00
	dian Rupees Two Thousand Thirty Six Only							E. & O.E
	HSN/SAC	T:	axable	Centra	Tav	Cto	te Tax	
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			,725.00		155.25	9%	155	310.50
Ta	x Amount (in words): Indian Rupees Three Hundred Ten and	Fifty pai	se Only			——.		1
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	Mall						1/3	
 							S	
							∦ ⇒	LINEANISTERS AT
Co	ompany's PAN : ACWPG4864A						1/2	
í	claration		·					for Praful Sanitary
$\overline{\mathbf{w}}$	e declare that this invoice shows the actual price of the goods							
ae	scribed and that all particulars are true and correct.	<u> </u>					A	uthorised Signatory
	SUBJECT TO HYDERA							
	This is a Computer (Generated In	nvoice	· ·	×			
	TANKARA	A	***	100	1]			
	INWARD	Certi	ifiec by	/ <u>*</u> Xp\	1'			
	Inward No: (502) Dt: 8 16 20			″/\]			
	MRN No: 83 82 Dt: 10 10 20			/ \] .			
	Received By: Sign: 21		//	v 1	.			
	13 10001112	Stores	Mana	ger '	!			
	CUMPERALECTIO	210162	7419119	&∪L) .			

SUMMIT SALES LLP

Purchase Order

Page(s) 1 Of 1

05-10-2020 4:07:55 PM

70934

30.09.20 4:15:44

From Company: Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Supplier Details					
Praful Sanitary		Doc No	70934	168012	
3-6-138/5, Himayat Nagar, Hyde	erabad.	Doc Date	01-10-2020		
		Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	Quote Date 01-10-2020 SupplyType Supply		
65526886.	9849624797	SupplyType			

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Qty	Rate	Dis%	GST	Amount
50.00	34.50	0.00	18.00	2,035.50
Total Order Value				2,035.50
	<u> </u>	50.00 34.50	50.00 34.50 0.00	50.00 34.50 0.00 18.00

Terms and Conditions :-

Specification / Brand All items shall be of 'Laticrete' brand.

Payment Terms

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

Next Day.

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra, 9502266233, Mahesh.

Penality 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 is for Stock purpose.

Completion Date

Nil

Measurment

Nil Nil

Security Remarks

For Summit Sales LLP
Authorised Signatory

Accepted the above Terms And Conditions
For *Praful Sanitary*

Name : ______ Date : __/_/__

Requisition Form Company Name: SSLLP Site & Phase: Date: 29.09.2020 SHLLP Time: 14.30 Supplier Req. No. Material required before date: 168012 ID No. CD331 Inward No No Description Size Quantity Units Date TILE ADHESIVE -ROFF BRAND 1 25KG 5 NOS MYK ARMENT 2 24 NOS TILE GROUT 3 WHITE 50 NOS 6 7 8 9 10 11 12 Remarks: FOR STOCK MAINTENANCE Prepared By SOWMYA Approved by Sign.& Date 29.9.2020 Sign. & Date Note: On receipt of material at site write inward number and date in last 2 columns.