

PURCHASE DIVISION
Advice for approval for credit to supplier

Date:		21/10/20.		Prepared by:		D.SOWMYA	
PO/WO no.		71140.		PO / WO Date.		21/10/20	
Supplier Name		Pratul sanitary		PO/WO amount		717	
Firm/Company		Modi properties pvt ltd		Project		H.O	
Sl. No.	Bill No.	Bill Date		Bill amount			
1	PS/20-21/424	12/10/20.		1,229.			
2							
3							
4							
Amount A – Bills total(Excluding Transport & Hamali Charges):						1,229	
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.				<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 : Transportation charges							
Amount C –Other Debits :							
Amount D (D=A+B-C) – Amount to be credited to the supplier:						1,229	
Amount E – PO / WO value:						717	
Amount F – Difference (A – E): GST-18%							
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 type="checkbox"/> Yes – Rs. ___/- <input checked="" type="checkbox"/> No				
Payment – due date			24.10.2020				
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	21/10/20 21/10						

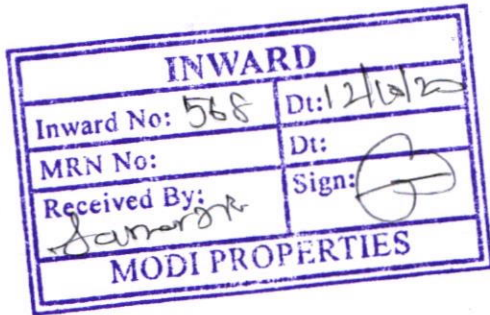
Notes: 1. In case amount to be credited to supplier and the bills total does not match prepare JV for debit or credit. 2. Attach additional sheets if quantity of bills or DCs is more than the space provided. Clearly mark the space provided with 'see attachment'. 3. Purchase Officer can approve Pos/Wos 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/-

GST INVOICE

(ORIGINAL FOR RECIPIENT)

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	Invoice No.	Dated
	PS/20-21/ 424	12-Oct-2020
Buyer Modi Properties Private Limited 5-4-187/3 & 4, IInd Floor, M.G. Road Secunderabad GSTIN/UIN : 36AABCM4761E1ZM State Name : Telangana, Code : 36	Delivery Note	
	Invoice	
	Supplier's Ref.	Other Reference(s)
		Credit
	Buyer's Order No.	Dated
	71140	10-Oct-2020
	Despatch Document No.	Delivery Note Date
	Invoice	12-Oct-2020
	Despatched through	Destination
	Mr. Tanveer	Head Office

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	63mm Pvc Rigid Pipe	3917	18 %	15 Ft	51.20	Ft	24 %	583.68
2	63mm Pvc Elbow	3917	18 %	8 No:	37.25	No:	24 %	226.48
3	G I Clamp	7303	18 %	6 No:	20.50	No:	24 %	93.48
4	250ml Upvc Solvent	3506	18 %	1 No:	89.00	No:	46.81 %	47.34
5	63mm Pvc Coupler	3917	18 %	4 No:	29.80	No:	24 %	90.59
								1,041.57
Less :								
Output CGST								93.73
Output SGST								93.73
ROUNDING OFF								(-).03
Total								₹ 1,229.00



Amount Chargeable (in words) **Indian Rupees One Thousand Two Hundred Twenty Nine Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
3917	900.75	9%	81.06	9%	81.06	162.12
7303	93.48	9%	8.41	9%	8.41	16.82
3506	47.34	9%	4.26	9%	4.26	8.52
Total	1,041.57		93.73		93.73	187.46

Tax Amount (in words) : **Indian Rupees One Hundred Eighty Seven and Forty Six paise Only**



Company's PAN : **ACWPG4864A** for Praful Sanitary
 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

Purchase Order

Page(s) 1 Of 1

10-10-2020 12:55:01 PM



71140

08.10.20 5:21:49

From Company : **Modi Properties Pvt.Ltd.**
5-4-187/3 & 4, IIInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36AABCM4761E1ZM

Supplier Details

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

Doc No	71140	16558
Doc Date	09-10-2020	
Quote No	Nil	
Quote Date	09-10-2020	
SupplyType	Supply	

GSTIN 36ACWPG864A1ZG 40077300
65526886. 9849624797

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7375 - Plumbing - other - PVC Pipe - NA - nos 63 mm x 10'SWR	1.00	316.00	24.00	18.00	283.39
2 10185 - Plumbing - PVC - Elbow - NA - Nos 63 mm	8.00	37.25	24.00	18.00	267.25
3 7442 - Plumbing - PVC - Clamps - Others - nos 63 mm	6.00	20.50	24.00	18.00	110.31
4 7278 - Plumbing - PVC - Solvent Cement - 250ml - nos	1.00	89.00	46.81	18.00	55.86
Total Order Value . . .					716.80

Rupees : Seven Hundred Sixteen and Paise Eighty Only.

Terms and Conditions :-

Specification / Brand	All items shall be of 'Sudhakar' / Supreme brand.
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Next Day.
Delivery Location	Head Office 5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003 Phone. 040-66335551
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 2nd loor ho purpose.
Completion Date	Nil
Measurement	Nil
Security	Nil
Remarks	

For **Modi Properties Pvt.Ltd.**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : _____

Date : __/__/__

Requisition Form

Company Name:		MPPL	Date:		07.10.2020	
Site & Phase :		Head Office	Time:		12:40	
Supplier			Req. No.		16558	
Material required before date:			ID No.		60554	
No	Description	Size	Quantity	Units	Inward No	Date
1	PVC Pipe	63 mm	01	Nos		
2	PVC Elbow	63 mm	08	Nos		
3	PVC Clamps	63 mm	06	Nos		
4	PVC Solution	Std	01	Nos		
5						
6						
7						
8						
9						
10						
Remarks: - for Head Office 2 nd Floor PVC Fitting Work purpose.						
Prepared By		Rahul.T	Approved by			
Sign.& Date		07.10.2020	Sign. & Date			



APPROVED BY
 04 JUL 2020
SOHAM MODI
 MANAGING DIRECTOR

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						
5						
6						
7						
8						
9						
10						
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.