PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	21/10/2020	Prepared by:	C. Neha
PO/WO no.	71214	PO / WO Date.	10/10/2020
Supplier Name	Praful Sanitary MPPL	PO/WO amount	1,057/—
Firm/Company		Project	Head office
Sl. No.	Bill No.	Bill Date	Bill amount
1	PS/20-21/425	12/10/2020	1,057/—
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			1,057/—

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.				□ Yes □ No
2.				□ Yes □ No
3.				□ Yes □ No

Amount B –Other Credits : Transportation charges	—
Amount C –Other Debits :	—
Amount D (D=A+B-C) – Amount to be credited to the supplier:	1,057/—
Amount E – PO / WO value:	1,057/—
Amount F – Difference (A – E): GST-18%	—

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	26/10/2020
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	Neha		APPROVED 28 OCT 2020 MINISH PARIKH MANAGER PROCUREMENT				
Date	21/10/2020	27/10					

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

Buyer
Modi Properties Private Limited
5-4-187/3 & 4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36AABCM4761E1ZM
State Name : Telangana, Code : 36

Invoice No.	Dated
PS/20-21/ 425	**12-Oct-2020**
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
71214	**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 and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**Waste Coupling**	7418	18 %	**2 No:**	380.00	No:	20 %	**608.00**
2	**CP Hex Nipple**	8481	18 %	**4 No:**	90.00	No:	20 %	**288.00**
								896.00
	Output CGST							**80.64**
	Output SGST							**80.64**
	Less : ***ROUNDING OFF***							**(-)0.28**
	Total			**6 No:**				**₹ 1,057.00**

MODI PROPERTIES PVT. LTD. SEC'BAD INWARD No. 7077 Date 20/10

Amount Chargeable (in words) *E. & O.E*

Indian Rupees One Thousand Fifty Seven Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
7418	608.00	9%	54.72	9%	54.72	109.44
8481	288.00	9%	25.92	9%	25.92	51.84
99		9%		9%		
Total	**896.00**		**80.64**		**80.64**	**161.28**

Tax Amount (in words) : **Indian Rupees One Hundred Sixty One and Twenty Eight paise Only**

PRAFUL SANITARY HYDERABAD

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

 10-10-2020 12:55:01 PM

71214
10.10.20 12:26:27

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

Supplier Details				
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad.		**Doc No**	71214	16562
		Doc Date	10-10-2020	
		Quote No	Nil	
GSTIN 36ACWPG864A1ZG	40077300	**Quote Date**	10-10-2020	
65526886.	9849624797	**SupplyType**	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7048 - Plumbing - CP - Waste coupling - full thread - nos *Urinal waste coupling*	2.00	380.00	20.00	18.00	717.44
2	7028 - Plumbing - CP - Extension Nipple - other - nos *Urinal Gadda Nipple*	4.00	90.00	20.00	18.00	339.84
				Total Order Value . . .		**1,057.28**

Rupees : One Thousand Fifty Seven and Paise Twenty Eight Only.

Terms and Conditions :-

Specification / Brand	As per details given in the quotation.
Payment Terms	After Delivery & Production of bill
Tax	All taxes included in above price.
Delivery Date	Within 3 days
Delivery Location	Head Office 5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003 Phone. 040-66335551
Penality For Delay	Nil
Transportation Cost	Included 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 2 nd floor HO purpose.
Completion Date	Nil
Measurment	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:	11:40
Supplier		Req. No.	16562
Material required before date:		ID No.	60558

No	Description	Size	Quantity	Units	Inward No	Date
1	Wall Hung Urinal	Std	02	Nos		
2	Wash Basin Rack Bolt	Std	03	Nos		
3	CP Gadda Nipple (For Urinal)	Std	04	Nos		
4						
5						
6						
7						
8						
9						
10						

7-21-4

Remarks: - for Head Office 2nd Floor Sanitary Fitting Work purpose.

Prepared By	Rahul.T	Approved by	
Sign.& Date	07.10.2020	Sign. & Date	

APPROVED BY
-9 OCT 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.

380 - 20
90 - 20